

SHASTA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
10,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	8,882	206,012	\$ 3,961,591.43	\$ 19.23	18.972	\$ 446.02	\$ 364.82		
@PHYSICIANS SERVICES	1,925	6,116	\$ 87,527.37	\$ 14.31	.563	\$ 45.47	\$ 8.06		
OUTPATIENT VISITS	10	12	351.69	29.31	.001	35.17	.03		
OFFICE VISITS	7	9	142.40	15.82	.001	20.34	.01		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	3	3	209.29	69.76	.000	69.76	.02		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	1	0	37.80CR	.00	.000	37.80CR	.00		
HOSPITAL VISITS	1	0	37.80CR	.00	.000	37.80CR	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	2	2	88.57	44.29	.000	44.29	.01		
EXAMINATIONS	2	2	88.57	44.29	.000	44.29	.01		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	2	2	381.21	190.61	.000	190.61	.04		
PRINCIPAL SURGEON	2	2	381.21	190.61	.000	190.61	.04		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.00		
RADIOLOGY	4	4	449.90	112.48	.000	112.48	.04		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	1,911	6,095	86,245.60	14.15	.561	45.13	7.94		
@PHARMACY	7,405	116,076	\$ 2,326,669.91	\$ 20.04	10.689	\$ 314.20	\$ 214.26		
PRESCRIPTION DRUGS	7,310	31,491	2,267,025.89	71.99	2.900	310.13	208.77		
SNF/ICF	157	1,027	48,996.10	47.71	.095	312.08	4.51		
OUTPATIENTS	7,167	30,464	2,218,029.79	72.81	2.805	309.48	204.26		
MEDICAL SUPPLIES	729	84,585	59,644.02	.71	7.789	81.82	5.49		
@DENTIST	355	1,340	\$ 59,499.90	\$ 44.40	.123	\$ 167.61	\$ 5.48		
VISITS - DIAGNOSTIC	228	877	10,375.90	11.83	.081	45.51	.96		
ORAL SURGERY	40	110	5,319.00	48.35	.010	132.98	.49		
DRUGS	1	1	.00	.00	.000	.00	.00		
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01		
PERIODONTICS	19	20	1,897.00	94.85	.002	99.84	.17		
ENDODONTICS	7	9	2,095.00	232.78	.001	299.29	.19		
RESTORATIVE DENTISTRY	64	140	9,603.00	68.59	.013	150.05	.88		
PROSTHETICS	6	7	210.00	30.00	.001	35.00	.02		
DENTURES, STAYPLATES	88	172	29,875.00	173.69	.016	339.49	2.75		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	1	1	25.00	25.00	.000	25.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	8	2	.00	.00	.000	.00	.00		

SHASTA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----				
10,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@OPTOMETRIST	275	822	\$	14,825.25	\$	18.04	.076	\$	53.91	\$	1.37
DIAGNOSTIC AND ANC. PROCED	29	31		992.60		32.02	.003		34.23		.09
EYE APPLIANCES	200	616		11,289.99		18.33	.057		56.45		1.04
OTHER OPTOMETRIC SERVICES	77	175		2,542.66		14.53	.016		33.02		.23
@CHIROPRACTOR	13	21	\$	314.11	\$	14.96	.002	\$	24.16	\$	.03
VISITS	5	9		150.48		16.72	.001		30.10		.01
OTHER SERVICES	10	12		163.63		13.64	.001		16.36		.02
@PODIATRIST	23	29	\$	239.76	\$	8.27	.003	\$	10.42	\$	.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	23	29		239.76		8.27	.003		10.42		.02
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	13	\$	31.60	\$	2.43	.001	\$	31.60	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	11	\$	74.78	\$	6.80	.001	\$	24.93	\$	.01
@TOTAL HOSPITAL	583	2,522	\$	418,409.51	\$	165.90	.232	\$	717.68	\$	38.53
HOSP INPATIENT TOTAL	168	215		353,398.94		1643.72	.020		2103.57		32.54
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	31	215		237,780.59		1105.96	.020		7670.34		21.90
ACCOMMODATIONS	31	215		75,490.37		351.12	.020		2435.17		6.95
ADMINISTRATIVE DAYS	2	22		4,670.80		212.31	.002		2335.40		.43
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	30	193		70,819.57		366.94	.018		2360.65		6.52
ANCILLARIES	31	0		162,290.22		.00	.000		5235.17		14.95
INPATIENT CROSSOVERS	138	0		115,618.35		.00	.000		837.81		10.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	428	2,307		65,010.57		28.18	.212		151.89		5.99
MEDICAL	3	6		174.35		29.06	.001		58.12		.02
SURGERY	3	3		61.30		20.43	.000		20.43		.01
PATHOLOGY	3	5		35.23		7.05	.000		11.74		.00
RADIOLOGY	3	3		245.99		82.00	.000		82.00		.02
ROOM USE	5	10		367.47		36.75	.001		73.49		.03
CROSSOVERS/ALL OTH OUTPTNT	425	2,280		64,126.23		28.13	.210		150.89		5.91
@COUNTY HOSPITAL TOTAL	6	10	\$	322.47	\$	32.25	.001	\$	53.75	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	10		322.47		32.25	.001		53.75		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	10	322.47	32.25	.001	53.75	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,083

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

10,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	577	2,512	\$ 418,087.04	\$ 166.44	.231	\$ 724.59	\$ 38.50
COMM HOSP INPATIENT TOTAL	168	215	353,398.94	1643.72	.020	2103.57	32.54
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	31	215	237,780.59	1105.96	.020	7670.34	21.90
ACCOMMODATIONS	31	215	75,490.37	351.12	.020	2435.17	6.95
ADMINISTRATIVE DAYS	2	22	4,670.80	212.31	.002	2335.40	.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	193	70,819.57	366.94	.018	2360.65	6.52
ANCILLARIES	31	0	162,290.22	.00	.000	5235.17	14.95
INPATIENT CROSSOVERS	138	0	115,618.35	.00	.000	837.81	10.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	422	2,297	64,688.10	28.16	.212	153.29	5.96
MEDICAL	3	6	174.35	29.06	.001	58.12	.02
SURGERY	3	3	61.30	20.43	.000	20.43	.01
PATHOLOGY	3	5	35.23	7.05	.000	11.74	.00
RADIOLOGY	3	3	245.99	82.00	.000	82.00	.02
ROOM USE	5	10	367.47	36.75	.001	73.49	.03
CROSSOVERS/ALL OTH OUTPTNT	419	2,270	63,803.76	28.11	.209	152.28	5.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	183	3,528	\$ 506,742.54	\$ 143.63	.325	\$ 2769.08	\$ 46.67
LEV A-INTERMEDIATE	22	694	62,494.09	90.05	.064	2840.64	5.76
LEV B-REHAB MD	5	148	18,517.06	125.12	.014	3703.41	1.71
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	157	2,686	425,731.39	158.50	.247	2711.66	39.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	55	76	\$ 34,175.88	\$ 449.68	.007	\$ 621.38	\$ 3.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	55	76	34,175.88	449.68	.007	621.38	3.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	112	223	\$ 5,552.16	\$ 24.90	.021	\$ 49.57	\$.51
PATHOLOGY	10	14	242.34	17.31	.001	24.23	.02
XO AND OTHERS	102	209	5,309.82	25.41	.019	52.06	.49
@ORGANIZED OUTPATIENT CLINIC	1,720	2,714	\$ 108,773.28	\$ 40.08	.250	\$ 63.24	\$ 10.02
CLINIC	1	1	153.90	153.90	.000	153.90	.01
SURGICENTER	56	101	13,792.77	136.56	.009	246.30	1.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,676	2,612	94,826.61	36.30	.241	56.58	8.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,084

10,859 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,345	72,521	\$ 398,755.38	\$ 5.50	6.678	\$ 170.04	\$ 36.72
DURABLE MED. EQUIP.	115	228	50,005.84	219.32	.021	434.83	4.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	147	284	36,287.27	127.77	.026	246.85	3.34
MEDICAL TRANSPORTATION	212	14,296	42,305.04	2.96	1.317	199.55	3.90
AMBULANCES/AIR TRANS	15	10	276.82	27.68	.001	18.45	.03
OTHER TRANS	189	13,910	41,192.88	2.96	1.281	217.95	3.79
OTHER SERVICES	49	376	835.34	2.22	.035	17.05	.08
ACUPUNCTURE	9	28	475.78	16.99	.003	52.86	.04
ADULT DAY HEALTH CARE CTR	79	838	58,308.04	69.58	.077	738.08	5.37
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	399	2,205	132,841.01	60.25	.203	332.93	12.23
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	283	662	7,729.58	11.68	.061	27.31	.71
PHYSICAL THERAPIST	4	5	54.43	10.89	.000	13.61	.01
PORTABLE X-RAY	1	3	4.54	1.51	.000	4.54	.00
PROSTHETIST/ORTHOTISTS	9	25	581.25	23.25	.002	64.58	.05
PROSTHETICS	9	25	581.25	23.25	.002	64.58	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	45	66	4,975.38	75.38	.006	110.56	.46
HOSPICE SERVICES	2	65	8,242.56	126.81	.006	4121.28	.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,410	53,816	56,944.66	1.06	4.956	40.39	5.24
@CALIF. CHILDREN SERVICES*	1	3	\$ 141.69	\$ 47.23	.000	\$ 141.69	\$.01
@XOVER EXCLUDING STATE HOSP**	3,405	25,696	\$ 478,135.01	\$ 18.61	2.366	\$ 140.42	\$ 44.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,085

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

1,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,360	46,173	\$ 1,380,718.01	\$ 29.90	28.876	\$ 1015.23	\$ 863.49
@PHYSICIANS SERVICES	368	1,756	\$ 56,859.60	\$ 32.38	1.098	\$ 154.51	\$ 35.56
OUTPATIENT VISITS	158	229	11,560.73	50.48	.143	73.17	7.23
OFFICE VISITS	89	103	3,303.78	32.08	.064	37.12	2.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	74	120	8,137.26	67.81	.075	109.96	5.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	119.69	19.95	.004	23.94	.07
INPATIENT VISITS	36	141	6,093.08	43.21	.088	169.25	3.81
HOSPITAL VISITS	35	135	5,488.88	40.66	.084	156.83	3.43
CRITICAL CARE	3	6	604.20	100.70	.004	201.40	.38

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	16		561.77	35.11	.010	40.13	.35
EXAMINATIONS	14	16		561.77	35.11	.010	40.13	.35
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	196		7,188.84	36.68	.123	449.30	4.50
PRINCIPAL SURGEON	10	19		5,163.03	271.74	.012	516.30	3.23
ASSISTANT SURGEON	3	3		496.84	165.61	.002	165.61	.31
ANESTHESIOLOGIST	5	174		1,528.97	8.79	.109	305.79	.96
OUTPATIENT SURGERY	31	222		8,224.66	37.05	.139	265.31	5.14
PRINCIPAL SURGEON	28	30		7,108.35	236.95	.019	253.87	4.45
ASSISTANT SURGEON	1	1		408.79	408.79	.001	408.79	.26
ANESTHESIOLOGIST	5	191		707.52	3.70	.119	141.50	.44
DIALYSIS	1	2		128.76	64.38	.001	128.76	.08
PATHOLOGY	14	26		240.52	9.25	.016	17.18	.15
RADIOLOGY	100	183		10,091.08	55.14	.114	100.91	6.31
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6		21.05	3.51	.004	7.02	.01
OTHER SERVICES/ALL X-OVERS	182	735		12,749.11	17.35	.460	70.05	7.97
@PHARMACY	1,076	17,405	\$	402,216.48	\$ 23.11	10.885	\$ 373.81	\$ 251.54
PRESCRIPTION DRUGS	1,050	4,799		378,150.48	78.80	3.001	360.14	236.49
SNF/ICF	68	418		35,683.63	85.37	.261	524.76	22.32
OUTPATIENTS	992	4,381		342,466.85	78.17	2.740	345.23	214.18
MEDICAL SUPPLIES	144	12,606		24,066.00	1.91	7.884	167.13	15.05
@DENTIST	55	240	\$	9,581.00	\$ 39.92	.150	\$ 174.20	\$ 5.99
VISITS - DIAGNOSTIC	38	164		1,709.00	10.42	.103	44.97	1.07
ORAL SURGERY	6	13		1,148.00	88.31	.008	191.33	.72
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	8	8		733.00	91.63	.005	91.63	.46
ENDODONTICS	2	2		660.00	330.00	.001	330.00	.41
RESTORATIVE DENTISTRY	19	36		4,656.00	129.33	.023	245.05	2.91
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	4	12	645.00	53.75	.008	161.25	.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,086
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	57	116	\$ 9,046.85	\$ 77.99	.073	\$ 158.72	\$ 5.66
DIAGNOSTIC AND ANC. PROCED	14	16	769.57	48.10	.010	54.97	.48
EYE APPLIANCES	46	95	8,023.59	84.46	.059	174.43	5.02
OTHER OPTOMETRIC SERVICES	4	5	253.69	50.74	.003	63.42	.16
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.002	\$ 25.08	\$.03
VISITS	2	3	50.16	16.72	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	17	\$ 306.07	\$ 18.00	.011	\$ 23.54	\$.19
MEDICINE/INJECTIONS	12	15	303.65	20.24	.009	25.30	.19
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	2.42	1.21	.001	2.42	.00
@HOME HEALTH AGENCY	28	4,167	\$ 129,251.54	\$ 31.02	2.606	\$ 4616.13	\$ 80.83
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 118.70	\$ 39.57	.002	\$ 39.57	\$.07
@TOTAL HOSPITAL	150	1,192	\$ 259,802.02	\$ 217.95	.745	\$ 1732.01	\$ 162.48
HOSP INPATIENT TOTAL	32	117	237,559.87	2030.43	.073	7423.75	148.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	27	117	233,179.87	1992.99	.073	8636.29	145.83
ACCOMMODATIONS	27	117	50,152.00	428.65	.073	1857.48	31.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	117	50,152.00	428.65	.073	1857.48	31.36
ANCILLARIES	27	0	183,027.87	.00	.000	6778.81	114.46
INPATIENT CROSSOVERS	5	0	4,380.00	.00	.000	876.00	2.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	128	1,075	22,242.15	20.69	.672	173.77	13.91
MEDICAL	35	45	1,004.64	22.33	.028	28.70	.63
SURGERY	18	19	802.98	42.26	.012	44.61	.50
PATHOLOGY	39	229	2,852.62	12.46	.143	73.14	1.78
RADIOLOGY	32	38	2,284.00	60.11	.024	71.38	1.43
ROOM USE	77	136	5,572.02	40.97	.085	72.36	3.48
CROSSOVERS/ALL OTH OUTPTNT	86	608	9,725.89	16.00	.380	113.09	6.08
@COUNTY HOSPITAL TOTAL	2	2	\$ 101.67	\$ 50.84	.001	\$ 50.84	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	101.67	50.84	.001	50.84	.06
MEDICAL	1	1	66.32	66.32	.001	66.32	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.001	35.35	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,087
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	1,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148		1,190	\$ 259,700.35	\$ 218.24	.744	\$ 1754.73	\$ 162.41
COMM HOSP INPATIENT TOTAL	32		117	237,559.87	2030.43	.073	7423.75	148.57
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	27		117	233,179.87	1992.99	.073	8636.29	145.83
ACCOMMODATIONS	27		117	50,152.00	428.65	.073	1857.48	31.36
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27		117	50,152.00	428.65	.073	1857.48	31.36
ANCILLARIES	27		0	183,027.87	.00	.000	6778.81	114.46
INPATIENT CROSSOVERS	5		0	4,380.00	.00	.000	876.00	2.74
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	126		1,073	22,140.48	20.63	.671	175.72	13.85
MEDICAL	34		44	938.32	21.33	.028	27.60	.59
SURGERY	18		19	802.98	42.26	.012	44.61	.50
PATHOLOGY	39		229	2,852.62	12.46	.143	73.14	1.78
RADIOLOGY	32		38	2,284.00	60.11	.024	71.38	1.43
ROOM USE	76		135	5,536.67	41.01	.084	72.85	3.46
CROSSOVERS/ALL OTH OUTPTNT	86		608	9,725.89	16.00	.380	113.09	6.08
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	16		311	\$ 42,363.64	\$ 136.22	.194	\$ 2647.73	\$ 26.49
LEV A-INTERMEDIATE	4		92	8,237.68	89.54	.058	2059.42	5.15
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	12		219	34,125.96	155.83	.137	2843.83	21.34
@INTERMEDIATE CARE FACIL.-DD	54		1,680	\$ 318,624.98	\$ 189.66	1.051	\$ 5900.46	\$ 199.27
ICF DDH	28		821	141,389.93	172.22	.513	5049.64	88.42
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	26		859	177,235.05	206.33	.537	6816.73	110.84
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	14		254	\$ 2,399.09	\$ 9.45	.159	\$ 171.36	\$ 1.50
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	14		254	2,399.09	9.45	.159	171.36	1.50
@LABORATORY FACILITY	116		463	\$ 5,842.99	\$ 12.62	.290	\$ 50.37	\$ 3.65
PATHOLOGY	110		454	5,802.13	12.78	.284	52.75	3.63
XO AND OTHERS	6		9	40.86	4.54	.006	6.81	.03

@ORGANIZED OUTPATIENT CLINIC	403	663	\$	60,123.33	\$	90.68	.415	\$	149.19	\$	37.60
CLINIC	4	7		270.56		38.65	.004		67.64		.17
SURGICENTER	7	29		1,868.69		64.44	.018		266.96		1.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	396	627		57,984.08		92.48	.392		146.42		36.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,088
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	1,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	349	17,903	\$	84,131.56	\$ 4.70	11.196	\$ 241.06	\$ 52.62
DURABLE MED. EQUIP.	40	109		30,621.30	280.93	.068	765.53	19.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	32		1,766.97	55.22	.020	103.94	1.11
MEDICAL TRANSPORTATION	47	673		14,406.90	21.41	.421	306.53	9.01
AMBULANCES/AIR TRANS	31	455		7,450.38	16.37	.285	240.33	4.66
OTHER TRANS	16	213		907.16	4.26	.133	56.70	.57
OTHER SERVICES	5	5		6,049.36	1209.87	.003	1209.87	3.78
ACUPUNCTURE	3	4		64.88	16.22	.003	21.63	.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	33	379		10,495.05	27.69	.237	318.03	6.56
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	32	82		7,487.53	91.31	.051	233.99	4.68
PHYSICAL THERAPIST	2	45		537.98	11.96	.028	268.99	.34
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	9		1,812.92	201.44	.006	302.15	1.13
PROSTHETICS	6	9		1,812.92	201.44	.006	302.15	1.13
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	8		474.92	59.37	.005	237.46	.30
SPEECH AND AUDIOLOGY	4	11		398.20	36.20	.007	99.55	.25
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	884		4,726.45	5.35	.553	525.16	2.96
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	185	15,667		11,338.46	.72	9.798	61.29	7.09
@CALIF. CHILDREN SERVICES*	32	498	\$	20,715.24	\$ 41.60	.311	\$ 647.35	\$ 12.96
@XOVER EXCLUDING STATE HOSP**	235	1,373	\$	32,137.10	\$ 23.41	.859	\$ 136.75	\$ 20.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,089
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

	98,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87,545	1,720,222	\$	69,288,869.92	\$ 40.28	17.430	\$ 791.47	\$ 702.06
@PHYSICIANS SERVICES	23,908	103,066	\$	4,036,209.20	\$ 39.16	1.044	\$ 168.82	\$ 40.90
OUTPATIENT VISITS	10,154	14,130		665,782.49	47.12	.143	65.57	6.75
OFFICE VISITS	5,618	7,316		237,932.47	32.52	.074	42.35	2.41
HOME VISITS	4	12		438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	4,845	6,381		413,701.45	64.83	.065	85.39	4.19

PREVENTIVE CARE	1	1	56.92	56.92	.000	56.92	.00
OB VISITS/COMPRE PERI	34	118	4,301.80	36.46	.001	126.52	.04
OTHER OUTPATIENT	273	302	9,351.45	30.97	.003	34.25	.09
INPATIENT VISITS	1,782	7,930	406,178.79	51.22	.080	227.93	4.12
HOSPITAL VISITS	1,458	6,606	285,817.18	43.27	.067	196.03	2.90
CRITICAL CARE	243	911	112,133.89	123.09	.009	461.46	1.14
SNF/ICF/TRANS IP CARE	288	413	8,227.72	19.92	.004	28.57	.08
OPHTHALMOLOGICAL SERVICES	436	498	21,375.05	42.92	.005	49.03	.22
EXAMINATIONS	434	496	21,319.76	42.98	.005	49.12	.22
SERVICES AND MATERIALS	2	2	55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	835	14,224	419,326.38	29.48	.144	502.19	4.25
PRINCIPAL SURGEON	596	938	327,554.34	349.21	.010	549.59	3.32
ASSISTANT SURGEON	117	119	21,802.84	183.22	.001	186.35	.22
ANESTHESIOLOGIST	275	13,167	69,969.20	5.31	.133	254.43	.71
OUTPATIENT SURGERY	2,108	18,480	483,381.32	26.16	.187	229.31	4.90
PRINCIPAL SURGEON	1,879	2,573	429,394.07	166.88	.026	228.52	4.35
ASSISTANT SURGEON	41	41	5,142.14	125.42	.000	125.42	.05
ANESTHESIOLOGIST	329	15,866	48,845.11	3.08	.161	148.47	.49
DIALYSIS	123	372	31,605.91	84.96	.004	256.96	.32
PATHOLOGY	917	1,766	15,297.63	8.66	.018	16.68	.16
RADIOLOGY	7,434	15,149	1,003,238.46	66.22	.153	134.95	10.17
PSYCHIATRY	5	5	290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	792	3,691	389,175.04	105.44	.037	491.38	3.94
OTHER SERVICES/ALL X-OVERS	10,212	26,821	600,557.32	22.39	.272	58.81	6.09
@PHARMACY	70,556	777,199	\$ 35,893,387.12	\$ 46.18	7.875	\$ 508.72	\$ 363.68
PRESCRIPTION DRUGS	69,804	356,186	34,969,232.96	98.18	3.609	500.96	354.32
SNF/ICF	1,380	10,889	1,024,467.04	94.08	.110	742.37	10.38
OUTPATIENTS	68,559	345,297	33,944,765.92	98.31	3.499	495.12	343.94
MEDICAL SUPPLIES	6,389	421,013	924,154.16	2.20	4.266	144.65	9.36
@DENTIST	4,508	21,261	\$ 849,247.06	\$ 39.94	.215	\$ 188.39	\$ 8.60
VISITS - DIAGNOSTIC	2,957	13,254	154,085.62	11.63	.134	52.11	1.56
ORAL SURGERY	762	2,233	124,546.25	55.78	.023	163.45	1.26
DRUGS	62	129	1,790.00	13.88	.001	28.87	.02
ANESTHESIA	114	116	10,500.00	90.52	.001	92.11	.11
PERIODONTICS	265	283	28,508.00	100.73	.003	107.58	.29
ENDODONTICS	292	477	106,722.75	223.74	.005	365.49	1.08
RESTORATIVE DENTISTRY	1,161	2,910	212,651.00	73.08	.029	183.16	2.15
PROSTHETICS	34	35	1,470.00	42.00	.000	43.24	.01
DENTURES, STAYPLATES	592	1,592	200,192.22	125.75	.016	338.16	2.03
SPACE MAINTAINERS	2	2	222.00	111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	5	8	476.38	59.55	.000	95.28	.00
FRACTURES, DISLOCATIONS	4	5	3,187.84	637.57	.000	796.96	.03
ORTHODONTIC SERVICES	38	53	4,745.00	89.53	.001	124.87	.05
ALL OTHER SERVICES	96	164	150.00	.91	.002	1.56	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,090
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

98,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,767	8,010	\$ 173,076.91	\$ 21.61	.081	\$ 62.55	\$ 1.75
DIAGNOSTIC AND ANC. PROCED	1,342	1,405	59,074.14	42.05	.014	44.02	.60
EYE APPLIANCES	2,105	6,107	104,200.92	17.06	.062	49.50	1.06
OTHER OPTOMETRIC SERVICES	301	498	9,801.85	19.68	.005	32.56	.10
@CHIROPRACTOR	1,368	2,156	\$ 35,429.66	\$ 16.43	.022	\$ 25.90	\$.36
VISITS	1,269	2,014	33,565.60	16.67	.020	26.45	.34

OTHER SERVICES	100	142		1,864.06	13.13	.001	18.64	.02
@PODIATRIST	135	170	\$	3,986.15	\$ 23.45	.002	\$ 29.53	\$.04
MEDICINE/INJECTIONS	84	92		2,398.19	26.07	.001	28.55	.02
SURGERY/ANES.	2	3		743.59	247.86	.000	371.80	.01
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.00
OTHER	50	74		827.07	11.18	.001	16.54	.01
@HOME HEALTH AGENCY	596	19,649	\$	692,548.54	\$ 35.25	.199	\$ 1161.99	\$ 7.02
NURSE ANESTHESIST	22	454	\$	2,363.41	\$ 5.21	.005	\$ 107.43	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$	24.00CR	\$ 12.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	189	270	\$	6,622.89	\$ 24.53	.003	\$ 35.04	\$.07
@TOTAL HOSPITAL	11,493	72,299	\$	14,491,082.06	\$ 200.43	.733	\$ 1260.86	\$ 146.83
HOSP INPATIENT TOTAL	1,637	6,901		12,609,128.40	1827.15	.070	7702.58	127.76
HSC HOSPITALS	133	907		1,364,323.77	1504.22	.009	10258.07	13.82
NON-HSC HOSPITAL TOTAL	1,089	5,994		10,863,740.56	1812.44	.061	9975.89	110.07
ACCOMMODATIONS	1,082	5,994		2,671,498.69	445.70	.061	2469.04	27.07
ADMINISTRATIVE DAYS	6	59		13,161.11	223.07	.001	2193.52	.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,077	5,935		2,658,337.58	447.91	.060	2468.28	26.94
ANCILLARIES	1,089	0		8,192,241.87	.00	.000	7522.72	83.01
INPATIENT CROSSEOVERS	427	0		381,064.07	.00	.000	892.42	3.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,344	65,398		1,881,953.66	28.78	.663	181.94	19.07
MEDICAL	3,645	6,264		230,584.40	36.81	.063	63.26	2.34
SURGERY	1,154	1,344		49,999.82	37.20	.014	43.33	.51
PATHOLOGY	3,584	19,041		213,088.96	11.19	.193	59.46	2.16
RADIOLOGY	2,806	4,593		338,469.03	73.69	.047	120.62	3.43
ROOM USE	6,165	8,995		339,993.66	37.80	.091	55.15	3.44
CROSSEOVERS/ALL OTH OUTPTNT	5,948	25,161		709,817.79	28.21	.255	119.34	7.19
@COUNTY HOSPITAL TOTAL	92	358	\$	21,090.64	\$ 58.91	.004	\$ 229.25	\$.21
CO HOSPITAL INPATIENT TOTAL	4	6		9,309.97	1551.66	.000	2327.49	.09
HSC HOSPITALS	2	2		2,512.00	1256.00	.000	1256.00	.03

NON-HSC HOSPITALS TOTAL	2	4	6,797.97	1699.49	.000	3398.99	.07
ACCOMMODATIONS	2	4	2,565.00	641.25	.000	1282.50	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,565.00	641.25	.000	1282.50	.03
ANCILLARIES	2	0	4,232.97	.00	.000	2116.49	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	90	352	11,780.67	33.47	.004	130.90	.12
MEDICAL	48	78	4,114.88	52.75	.001	85.73	.04
SURGERY	4	6	481.79	80.30	.000	120.45	.00
PATHOLOGY	33	140	1,650.56	11.79	.001	50.02	.02
RADIOLOGY	19	31	2,205.32	71.14	.000	116.07	.02
ROOM USE	43	58	2,251.12	38.81	.001	52.35	.02
CROSSOVERS/ALL OTH OUTPTNT	21	39	1,077.00	27.62	.000	51.29	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,091
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SHASTA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
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		----- MONTHLY AVERAGE -----						
98,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,412	71,941	\$ 14,469,991.42	\$ 201.14	.729	\$ 1267.96	\$ 146.61	
COMM HOSP INPATIENT TOTAL	1,633	6,895	12,599,818.43	1827.38	.070	7715.75	127.67	
HSC HOSPITALS	131	905	1,361,811.77	1504.76	.009	10395.51	13.80	
NON-HSC HOSPITALS TOTAL	1,087	5,990	10,856,942.59	1812.51	.061	9987.99	110.01	
ACCOMMODATIONS	1,080	5,990	2,668,933.69	445.56	.061	2471.23	27.04	
ADMINISTRATIVE DAYS	6	59	13,161.11	223.07	.001	2193.52	.13	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,075	5,931	2,655,772.58	447.78	.060	2470.49	26.91	
ANCILLARIES	1,087	0	8,188,008.90	.00	.000	7532.67	82.96	
INPATIENT CROSSOVERS	427	0	381,064.07	.00	.000	892.42	3.86	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,262	65,046	1,870,172.99	28.75	.659	182.24	18.95	
MEDICAL	3,600	6,186	226,469.52	36.61	.063	62.91	2.29	
SURGERY	1,150	1,338	49,518.03	37.01	.014	43.06	.50	
PATHOLOGY	3,552	18,901	211,438.40	11.19	.192	59.53	2.14	
RADIOLOGY	2,788	4,562	336,263.71	73.71	.046	120.61	3.41	
ROOM USE	6,127	8,937	337,742.54	37.79	.091	55.12	3.42	
CROSSOVERS/ALL OTH OUTPTNT	5,927	25,122	708,740.79	28.21	.255	119.58	7.18	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	445	11,149	\$ 1,692,031.06	\$ 151.77	.113	\$ 3802.32	\$ 17.14	
LEV A-INTERMEDIATE	19	525	47,254.50	90.01	.005	2487.08	.48	
LEV B-REHAB MD	33	993	124,105.79	124.98	.010	3760.78	1.26	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	13	335	188,625.20	563.06	.003	14509.63	1.91	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	387	9,296	1,332,045.57	143.29	.094	3441.98	13.50	
@INTERMEDIATE CARE FACIL.-DD	554	16,993	\$ 3,088,137.40	\$ 181.73	.172	\$ 5574.26	\$ 31.29	
ICF DDH	380	11,502	1,954,525.24	169.93	.117	5143.49	19.80	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	176	5,491	1,133,612.16	206.45	.056	6440.98	11.49	
@HEMODIALYSIS TOTAL	315	10,174	\$ 493,988.28	\$ 48.55	.103	\$ 1568.22	\$ 5.01	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	315	10,174	493,988.28	48.55	.103	1568.22	5.01	

@REHABILITATION FACILITY	226	3,162	\$	37,447.16	\$	11.84	.032	\$	165.70	\$	.38
HOSPITAL BASED	15	91		1,957.73		21.51	.001		130.52		.02
INDEPENDENT FACILITY	211	3,071		35,489.43		11.56	.031		168.20		.36
@LABORATORY FACILITY	8,565	39,038	\$	447,528.16	\$	11.46	.396	\$	52.25	\$	4.53
PATHOLOGY	8,253	38,451		431,761.68		11.23	.390		52.32		4.37
XO AND OTHERS	312	587		15,766.48		26.86	.006		50.53		.16
@ORGANIZED OUTPATIENT CLINIC	29,461	48,562	\$	4,018,703.09	\$	82.75	.492	\$	136.41	\$	40.72
CLINIC	539	1,681		37,168.47		22.11	.017		68.96		.38
SURGICENTER	461	1,510		86,536.10		57.31	.015		187.71		.88
HEROIN DETOX CLINIC	7	79		949.33		12.02	.001		135.62		.01
RURAL HEALTH CLINIC	28,795	45,292		3,894,049.19		85.98	.459		135.23		39.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 14,092
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SHASTA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60										

----- MONTHLY AVERAGE -----											
98,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	14,339	586,612	\$ 3,327,105.77	\$ 5.67	5.944	\$ 232.03	\$ 33.71				
DURABLE MED. EQUIP.	2,195	9,066	897,031.33	98.94	.092	408.67	9.09				
BLOOD BANK	0	0	.00	.00	.000	.00	.00				
HEARING AID DISPENSERS	294	582	60,486.01	103.93	.006	205.73	.61				
MEDICAL TRANSPORTATION	2,432	69,435	561,765.47	8.09	.704	230.99	5.69				
AMBULANCES/AIR TRANS	1,764	18,622	308,642.26	16.57	.189	174.97	3.13				
OTHER TRANS	652	50,362	159,940.29	3.18	.510	245.31	1.62				
OTHER SERVICES	183	451	93,182.92	206.61	.005	509.20	.94				
ACUPUNCTURE	34	72	1,301.33	18.07	.001	38.27	.01				
ADULT DAY HEALTH CARE CTR	364	4,249	295,689.77	69.59	.043	812.33	3.00				
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.000	105.00	.02				
IHMC,MODEL-NF,NF,AIDS,MSSP	832	15,495	546,466.32	35.27	.157	656.81	5.54				
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00				
OPTICIAN	2,336	5,775	60,571.89	10.49	.059	25.93	.61				
PHYSICAL THERAPIST	425	4,174	58,639.58	14.05	.042	137.98	.59				
PORTABLE X-RAY	36	77	2,228.68	28.94	.001	61.91	.02				
PROSTHETIST/ORTHOTISTS	469	897	109,208.11	121.75	.009	232.85	1.11				
PROSTHETICS	468	896	109,151.10	121.82	.009	233.23	1.11				
ORTHOTICS	1	1	57.01	57.01	.000	57.01	.00				
PSYCHOLOGIST	26	75	4,930.21	65.74	.001	189.62	.05				
SPEECH AND AUDIOLOGY	280	1,197	53,860.72	45.00	.012	192.36	.55				
HOSPICE SERVICES	44	1,340	176,259.77	131.54	.014	4005.90	1.79				
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00				
LOCAL EDUCATION AGENCIES	1,025	29,481	177,349.04	6.02	.299	173.02	1.80				
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00				
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00				
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00				
ALL OTHER PROVIDERS	5,294	444,676	319,112.54	.72	4.506	60.28	3.23				
@CALIF. CHILDREN SERVICES*	873	27,684	\$ 1,642,452.43	\$ 59.33	.281	\$ 1881.39	\$ 16.64				
@XOVER EXCLUDING STATE HOSP**	11,094	76,916	\$ 1,398,497.47	\$ 18.18	.779	\$ 126.06	\$ 14.17				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 14,093
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----											
90,537 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				

@TOTAL, ALL PROVIDERS	50,890	266,299	\$	14,856,084.69	\$	55.79	2.941	\$	291.93	\$	164.09
@PHYSICIANS SERVICES	12,371	36,450	\$	1,504,875.96	\$	41.29	.403	\$	121.65	\$	16.62
OUTPATIENT VISITS	8,457	11,501		483,777.05		42.06	.127		57.20		5.34
OFFICE VISITS	3,509	4,100		147,640.61		36.01	.045		42.07		1.63
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4,986	5,772		298,996.88		51.80	.064		59.97		3.30
PREVENTIVE CARE	27	27		1,242.93		46.03	.000		46.03		.01
OB VISITS/COMPRE PERI	199	1,500		32,238.57		21.49	.017		162.00		.36
OTHER OUTPATIENT	97	102		3,658.06		35.86	.001		37.71		.04
INPATIENT VISITS	598	2,185		151,789.06		69.47	.024		253.83		1.68
HOSPITAL VISITS	563	1,725		85,943.27		49.82	.019		152.65		.95
CRITICAL CARE	88	428		64,321.25		150.28	.005		730.92		.71
SNF/ICF/TRANS IP CARE	3	32		1,524.54		47.64	.000		508.18		.02
OPHTHALMOLOGICAL SERVICES	138	152		6,844.18		45.03	.002		49.60		.08
EXAMINATIONS	137	151		6,824.18		45.19	.002		49.81		.08
SERVICES AND MATERIALS	1	1		20.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	485	4,600		236,563.23		51.43	.051		487.76		2.61
PRINCIPAL SURGEON	356	457		198,759.40		434.92	.005		558.31		2.20
ASSISTANT SURGEON	36	36		5,687.93		158.00	.000		158.00		.06
ANESTHESIOLOGIST	161	4,107		32,115.90		7.82	.045		199.48		.35
OUTPATIENT SURGERY	1,204	8,780		207,045.82		23.58	.097		171.96		2.29
PRINCIPAL SURGEON	1,044	1,256		174,394.18		138.85	.014		167.04		1.93
ASSISTANT SURGEON	14	14		1,601.65		114.40	.000		114.40		.02
ANESTHESIOLOGIST	237	7,510		31,049.99		4.13	.083		131.01		.34
DIALYSIS	3	10		690.48		69.05	.000		230.16		.01
PATHOLOGY	283	583		4,949.19		8.49	.006		17.49		.05
RADIOLOGY	3,739	6,050		290,655.98		48.04	.067		77.74		3.21
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	109	259		31,820.83		122.86	.003		291.93		.35
OTHER SERVICES/ALL X-OVERS	1,104	2,330		90,740.14		38.94	.026		82.19		1.00
@PHARMACY	25,563	78,388	\$	3,758,941.17	\$	47.95	.866	\$	147.05	\$	41.52
PRESCRIPTION DRUGS	25,369	62,609		3,696,850.50		59.05	.692		145.72		40.83
SNF/ICF	12	74		10,918.34		147.55	.001		909.86		.12
OUTPATIENTS	25,359	62,535		3,685,932.16		58.94	.691		145.35		40.71
MEDICAL SUPPLIES	733	15,779		62,090.67		3.94	.174		84.71		.69
@DENTIST	4,285	24,731	\$	746,493.56	\$	30.18	.273	\$	174.21	\$	8.25
VISITS - DIAGNOSTIC	3,222	17,173		229,562.26		13.37	.190		71.25		2.54
ORAL SURGERY	697	1,612		105,571.50		65.49	.018		151.47		1.17
DRUGS	80	140		2,286.75		16.33	.002		28.58		.03
ANESTHESIA	105	107		10,600.00		99.07	.001		100.95		.12
PERIODONTICS	66	68		6,870.00		101.03	.001		104.09		.08
ENDODONTICS	404	681		96,648.30		141.92	.008		239.23		1.07
RESTORATIVE DENTISTRY	1,451	4,334		242,007.70		55.84	.048		166.79		2.67
PROSTHETICS	8	7		230.00		32.86	.000		28.75		.00
DENTURES, STAYPLATES	69	235		27,687.91		117.82	.003		401.27		.31
SPACE MAINTAINERS	58	74		8,508.00		114.97	.001		146.69		.09
MAXILLOFACIAL SERVICES	7	7		496.14		70.88	.000		70.88		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	169	226		15,425.00		68.25	.002		91.27		.17
ALL OTHER SERVICES	60	67		600.00		8.96	.001		10.00		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
90,537 ELIGIBLES							

----- MONTHLY AVERAGE -----

@OPTOMETRIST	1,493	4,374	\$	96,561.66	\$	22.08	.048	\$	64.68	\$	1.07
DIAGNOSTIC AND ANC. PROCED	1,046	1,111		46,685.20		42.02	.012		44.63		.52
EYE APPLIANCES	1,074	3,185		47,425.84		14.89	.035		44.16		.52
OTHER OPTOMETRIC SERVICES	68	78		2,450.62		31.42	.001		36.04		.03
@CHIROPRACTOR	739	1,153	\$	19,202.92	\$	16.65	.013	\$	25.99	\$	.21
VISITS	739	1,153		19,202.92		16.65	.013		25.99		.21
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	114.90	\$	28.73	.000	\$	28.73	\$	.00
MEDICINE/INJECTIONS	4	4		114.90		28.73	.000		28.73		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	263	2,096	\$	75,614.07	\$	36.08	.023	\$	287.51	\$	.84
NURSE ANESTHESIST	7	87	\$	774.84	\$	8.91	.001	\$	110.69	\$	.01
NURSE MIDWIFE	1	2	\$	186.79	\$	93.40	.000	\$	186.79	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	76	97	\$	2,538.41	\$	26.17	.001	\$	33.40	\$	.03
@TOTAL HOSPITAL	8,832	40,943	\$	5,026,312.69	\$	122.76	.452	\$	569.10	\$	55.52
HOSP INPATIENT TOTAL	632	2,847		3,986,549.88		1400.26	.031		6307.83		44.03
HSC HOSPITALS	59	513		751,518.08		1464.95	.006		12737.59		8.30
NON-HSC HOSPITAL TOTAL	576	2,334		3,235,031.80		1386.05	.026		5616.37		35.73
ACCOMMODATIONS	576	2,334		1,189,818.11		509.78	.026		2065.66		13.14
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	576	2,334		1,189,818.11		509.78	.026		2065.66		13.14
ANCILLARIES	574	0		2,045,213.69		.00	.000		3563.09		22.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,490	38,096		1,039,762.81		27.29	.421		122.47		11.48
MEDICAL	2,467	3,355		109,362.15		32.60	.037		44.33		1.21
SURGERY	998	1,211		44,825.30		37.02	.013		44.92		.50
PATHOLOGY	2,735	9,646		117,211.02		12.15	.107		42.86		1.29
RADIOLOGY	2,070	2,746		150,772.44		54.91	.030		72.84		1.67
ROOM USE	7,262	9,957		365,392.83		36.70	.110		50.32		4.04
CROSSOVERS/ALL OTH OUTPTNT	3,610	11,181		252,199.07		22.56	.123		69.86		2.79
@COUNTY HOSPITAL TOTAL	33	112	\$	10,692.93	\$	95.47	.001	\$	324.03	\$	.12
CO HOSPITAL INPATIENT TOTAL	2	6		7,860.00		1310.00	.000		3930.00		.09
HSC HOSPITALS	2	6		7,860.00		1310.00	.000		3930.00		.09
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	31	106		2,832.93		26.73	.001		91.38		.03
MEDICAL	18	19		899.51		47.34	.000		49.97		.01
SURGERY	2	2		88.49		44.25	.000		44.25		.00
PATHOLOGY	9	26		233.94		9.00	.000		25.99		.00
RADIOLOGY	6	10		283.57		28.36	.000		47.26		.00
ROOM USE	19	31		1,128.83		36.41	.000		59.41		.01
CROSSOVERS/ALL OTH OUTPTNT	8	18		198.59		11.03	.000		24.82		.00

90,537 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,800	40,831	\$ 5,015,619.76	\$ 122.84	.451	\$ 569.96	\$ 55.40
COMM HOSP INPATIENT TOTAL	631	2,841	3,978,689.88	1400.45	.031	6305.37	43.95
HSC HOSPITALS	57	507	743,658.08	1466.78	.006	13046.63	8.21
NON-HSC HOSPITALS TOTAL	576	2,334	3,235,031.80	1386.05	.026	5616.37	35.73
ACCOMMODATIONS	576	2,334	1,189,818.11	509.78	.026	2065.66	13.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	576	2,334	1,189,818.11	509.78	.026	2065.66	13.14
ANCILLARIES	574	0	2,045,213.69	.00	.000	3563.09	22.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,459	37,990	1,036,929.88	27.29	.420	122.58	11.45
MEDICAL	2,449	3,336	108,462.64	32.51	.037	44.29	1.20
SURGERY	996	1,209	44,736.81	37.00	.013	44.92	.49
PATHOLOGY	2,726	9,620	116,977.08	12.16	.106	42.91	1.29
RADIOLOGY	2,064	2,736	150,488.87	55.00	.030	72.91	1.66
ROOM USE	7,243	9,926	364,264.00	36.70	.110	50.29	4.02
CROSSOVERS/ALL OTH OUTPTNT	3,602	11,163	252,000.48	22.57	.123	69.96	2.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	21	\$ 12,277.80	\$ 584.66	.000	\$ 6138.90	\$.14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	21	12,277.80	584.66	.000	6138.90	.14
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	40	323	\$ 5,090.99	\$ 15.76	.004	\$ 127.27	\$.06
HOSPITAL BASED	14	87	1,908.89	21.94	.001	136.35	.02
INDEPENDENT FACILITY	26	236	3,182.10	13.48	.003	122.39	.04
@LABORATORY FACILITY	3,602	11,714	\$ 163,371.00	\$ 13.95	.129	\$ 45.36	\$ 1.80
PATHOLOGY	3,602	11,714	163,371.00	13.95	.129	45.36	1.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20,172	29,318	\$ 3,023,928.21	\$ 103.14	.324	\$ 149.91	\$ 33.40
CLINIC	1,043	2,799	84,358.58	30.14	.031	80.88	.93
SURGICENTER	126	482	20,095.26	41.69	.005	159.49	.22
HEROIN DETOX CLINIC	1	2	29.20	14.60	.000	29.20	.00
RURAL HEALTH CLINIC	19,201	26,035	2,919,445.17	112.14	.288	152.05	32.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SHASTA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	90,537 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,301	36,598	\$	419,799.72	\$ 11.47	.404	\$ 79.19	\$ 4.64
DURABLE MED. EQUIP.	256	614		37,206.94	60.60	.007	145.34	.41
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	80	151		8,612.59	57.04	.002	107.66	.10
MEDICAL TRANSPORTATION	618	8,657		165,458.79	19.11	.096	267.73	1.83
AMBULANCES/AIR TRANS	611	7,935		113,919.73	14.36	.088	186.45	1.26
OTHER TRANS	7	682		2,383.41	3.49	.008	340.49	.03
OTHER SERVICES	40	40		49,155.65	1228.89	.000	1228.89	.54
ACUPUNCTURE	2	3		70.28	23.43	.000	35.14	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	80	81		8,505.00	105.00	.001	106.31	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	9		93.75	10.42	.000	93.75	.00
OPTICIAN	1,087	2,395		21,460.41	8.96	.026	19.74	.24
PHYSICAL THERAPIST	167	1,593		23,052.78	14.47	.018	138.04	.25
PORTABLE X-RAY	1	2		45.20	22.60	.000	45.20	.00
PROSTHETIST/ORTHOTISTS	172	233		22,180.23	95.19	.003	128.95	.24
PROSTHETICS	171	232		22,061.51	95.09	.003	129.01	.24
ORTHOTICS	1	1		118.72	118.72	.000	118.72	.00
PSYCHOLOGIST	6	26		1,766.55	67.94	.000	294.43	.02
SPEECH AND AUDIOLOGY	101	369		19,813.18	53.69	.004	196.17	.22
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,704	10,513		104,866.45	9.97	.116	38.78	1.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	11,952		6,667.57	.56	.132	40.41	.07
@CALIF. CHILDREN SERVICES*	286	5,865	\$	1,226,781.50	\$ 209.17	.065	\$ 4289.45	\$ 13.55
@XOVER EXCLUDING STATE HOSP**	7	14	\$	183.67	\$ 13.12	.000	\$ 26.24	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
201,689 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	148,677	2,238,706	\$ 89,487,264.05	\$ 39.97	11.100	\$ 601.89	\$ 443.69	
@PHYSICIANS SERVICES	38,572	147,388	\$ 5,685,472.13	\$ 38.57	.731	\$ 147.40	\$ 28.19	
OUTPATIENT VISITS	18,779	25,872	1,161,471.96	44.89	.128	61.85	5.76	
OFFICE VISITS	9,223	11,528	389,019.26	33.75	.057	42.18	1.93	
HOME VISITS	4	12	438.40	36.53	.000	109.60	.00	
EMERGENCY ROOM	9,908	12,276	721,044.88	58.74	.061	72.77	3.58	
PREVENTIVE CARE	28	28	1,299.85	46.42	.000	46.42	.01	
OB VISITS/COMPRI PERI	233	1,618	36,540.37	22.58	.008	156.83	.18	
OTHER OUTPATIENT	375	410	13,129.20	32.02	.002	35.01	.07	
INPATIENT VISITS	2,417	10,256	564,023.13	54.99	.051	233.36	2.80	
HOSPITAL VISITS	2,057	8,466	377,211.53	44.56	.042	183.38	1.87	
CRITICAL CARE	334	1,345	177,059.34	131.64	.007	530.12	.88	
SNF/ICF/TRANS IP CARE	291	445	9,752.26	21.92	.002	33.51	.05	
OPHTHALMOLOGICAL SERVICES	590	668	28,869.57	43.22	.003	48.93	.14	
EXAMINATIONS	587	665	28,794.28	43.30	.003	49.05	.14	
SERVICES AND MATERIALS	3	3	75.29	25.10	.000	25.10	.00	
INPATIENT HOSPITAL SURGERY	1,336	19,020	663,078.45	34.86	.094	496.32	3.29	
PRINCIPAL SURGEON	962	1,414	531,476.77	375.87	.007	552.47	2.64	
ASSISTANT SURGEON	156	158	27,987.61	177.14	.001	179.41	.14	
ANESTHESIOLOGIST	441	17,448	103,614.07	5.94	.087	234.95	.51	
OUTPATIENT SURGERY	3,345	27,484	699,033.01	25.43	.136	208.98	3.47	
PRINCIPAL SURGEON	2,953	3,861	611,277.81	158.32	.019	207.00	3.03	
ASSISTANT SURGEON	56	56	7,152.58	127.72	.000	127.72	.04	
ANESTHESIOLOGIST	571	23,567	80,602.62	3.42	.117	141.16	.40	
DIALYSIS	127	384	32,425.15	84.44	.002	255.32	.16	
PATHOLOGY	1,215	2,376	20,535.54	8.64	.012	16.90	.10	
RADIOLOGY	11,277	21,386	1,304,435.42	60.99	.106	115.67	6.47	
PSYCHIATRY	5	5	290.81	58.16	.000	58.16	.00	
IMMUNIZATION AND INJECTION	904	3,956	421,016.92	106.42	.020	465.73	2.09	
OTHER SERVICES/ALL X-OVERS	13,409	35,981	790,292.17	21.96	.178	58.94	3.92	
@PHARMACY	104,600	989,068	\$ 42,381,214.68	\$ 42.85	4.904	\$ 405.17	\$ 210.13	
PRESCRIPTION DRUGS	103,533	455,085	41,311,259.83	90.78	2.256	399.02	204.83	
SNF/ICF	1,617	12,408	1,120,065.11	90.27	.062	692.68	5.55	
OUTPATIENTS	102,077	442,677	40,191,194.72	90.79	2.195	393.73	199.27	
MEDICAL SUPPLIES	7,995	533,983	1,069,954.85	2.00	2.648	133.83	5.30	
@DENTIST	9,203	47,572	\$ 1,664,821.52	\$ 35.00	.236	\$ 180.90	\$ 8.25	
VISITS - DIAGNOSTIC	6,445	31,468	395,732.78	12.58	.156	61.40	1.96	
ORAL SURGERY	1,505	3,968	236,584.75	59.62	.020	157.20	1.17	
DRUGS	143	270	4,076.75	15.10	.001	28.51	.02	
ANESTHESIA	220	224	21,200.00	94.64	.001	96.36	.11	
PERIODONTICS	358	379	38,008.00	100.28	.002	106.17	.19	
ENDODONTICS	705	1,169	206,126.05	176.33	.006	292.38	1.02	
RESTORATIVE DENTISTRY	2,695	7,420	468,917.70	63.20	.037	174.00	2.32	
PROSTHETICS	49	50	1,940.00	38.80	.000	39.59	.01	
DENTURES, STAYPLATES	753	2,011	258,400.13	128.49	.010	343.16	1.28	
SPACE MAINTAINERS	60	76	8,730.00	114.87	.000	145.50	.04	
MAXILLOFACIAL SERVICES	13	16	997.52	62.35	.000	76.73	.00	
FRACTURES, DISLOCATIONS	4	5	3,187.84	637.57	.000	796.96	.02	
ORTHODONTIC SERVICES	207	279	20,170.00	72.29	.001	97.44	.10	
ALL OTHER SERVICES	166	237	750.00	3.16	.001	4.52	.00	

201,689 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@OPTOMETRIST	4,592	13,322	\$ 293,510.67	\$ 22.03	.066	\$ 63.92	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	2,431	2,563	107,521.51	41.95	.013	44.23	.53
EYE APPLIANCES	3,425	10,003	170,940.34	17.09	.050	49.91	.85
OTHER OPTOMETRIC SERVICES	450	756	15,048.82	19.91	.004	33.44	.07
@CHIROPRACTOR	2,122	3,333	\$ 54,996.85	\$ 16.50	.017	\$ 25.92	\$.27
VISITS	2,015	3,179	52,969.16	16.66	.016	26.29	.26
OTHER SERVICES	110	154	2,027.69	13.17	.001	18.43	.01
@PODIATRIST	175	220	\$ 4,646.88	\$ 21.12	.001	\$ 26.55	\$.02
MEDICINE/INJECTIONS	100	111	2,816.74	25.38	.001	28.17	.01
SURGERY/ANES.	2	3	743.59	247.86	.000	371.80	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	74	105	1,069.25	10.18	.001	14.45	.01
@HOME HEALTH AGENCY	887	25,912	\$ 897,414.15	\$ 34.63	.128	\$ 1011.74	\$ 4.45
NURSE ANESTHESIST	30	554	\$ 3,169.85	\$ 5.72	.003	\$ 105.66	\$.02
NURSE MIDWIFE	1	2	\$ 186.79	\$ 93.40	.000	\$ 186.79	\$.00
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$ 24.00CR	\$ 12.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	271	381	\$ 9,354.78	\$ 24.55	.002	\$ 34.52	\$.05
@TOTAL HOSPITAL	21,058	116,956	\$ 20,195,606.28	\$ 172.68	.580	\$ 959.05	\$ 100.13
HOSP INPATIENT TOTAL	2,469	10,080	17,186,637.09	1705.02	.050	6960.97	85.21
HSC HOSPITALS	192	1,420	2,115,841.85	1490.03	.007	11020.01	10.49
NON-HSC HOSPITAL TOTAL	1,723	8,660	14,569,732.82	1682.42	.043	8456.03	72.24
ACCOMMODATIONS	1,716	8,660	3,986,959.17	460.39	.043	2323.40	19.77
ADMINISTRATIVE DAYS	8	81	17,831.91	220.15	.000	2228.99	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,710	8,579	3,969,127.26	462.66	.043	2321.13	19.68
ANCILLARIES	1,721	0	10,582,773.65	.00	.000	6149.20	52.47
INPATIENT CROSSOVERS	570	0	501,062.42	.00	.000	879.06	2.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,390	106,876	3,008,969.19	28.15	.530	155.18	14.92
MEDICAL	6,150	9,670	341,125.54	35.28	.048	55.47	1.69
SURGERY	2,173	2,577	95,689.40	37.13	.013	44.04	.47
PATHOLOGY	6,361	28,921	333,187.83	11.52	.143	52.38	1.65
RADIOLOGY	4,911	7,380	491,771.46	66.64	.037	100.14	2.44
ROOM USE	13,509	19,098	711,325.98	37.25	.095	52.66	3.53
CROSSOVERS/ALL OTH OUTPTNT	10,069	39,230	1,035,868.98	26.41	.195	102.88	5.14
@COUNTY HOSPITAL TOTAL	133	482	\$ 32,207.71	\$ 66.82	.002	\$ 242.16	\$.16
CO HOSPITAL INPATIENT TOTAL	6	12	17,169.97	1430.83	.000	2861.66	.09
HSC HOSPITALS	4	8	10,372.00	1296.50	.000	2593.00	.05
NON-HSC HOSPITALS TOTAL	2	4	6,797.97	1699.49	.000	3398.99	.03
ACCOMMODATIONS	2	4	2,565.00	641.25	.000	1282.50	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,565.00	641.25	.000	1282.50	.01
ANCILLARIES	2	0	4,232.97	.00	.000	2116.49	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	129	470	15,037.74	32.00	.002	116.57	.07
MEDICAL	67	98	5,080.71	51.84	.000	75.83	.03
SURGERY	6	8	570.28	71.29	.000	95.05	.00
PATHOLOGY	42	166	1,884.50	11.35	.001	44.87	.01

RADIOLOGY	25	41	2,488.89	60.70	.000	99.56	.01
ROOM USE	63	90	3,415.30	37.95	.000	54.21	.02
CROSSOVERS/ALL OTH OUTPTNT	35	67	1,598.06	23.85	.000	45.66	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,099

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	201,689 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,937	116,474	\$ 20,163,398.57	\$ 173.12	.577	\$ 963.05	\$ 99.97	
COMM HOSP INPATIENT TOTAL	2,464	10,068	17,169,467.12	1705.35	.050	6968.13	85.13	
HSC HOSPITALS	188	1,412	2,105,469.85	1491.13	.007	11199.31	10.44	
NON-HSC HOSPITALS TOTAL	1,721	8,656	14,562,934.85	1682.41	.043	8461.90	72.20	
ACCOMMODATIONS	1,714	8,656	3,984,394.17	460.30	.043	2324.62	19.76	
ADMINISTRATIVE DAYS	8	81	17,831.91	220.15	.000	2228.99	.09	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,708	8,575	3,966,562.26	462.57	.043	2322.34	19.67	
ANCILLARIES	1,719	0	10,578,540.68	.00	.000	6153.89	52.45	
INPATIENT CROSSOVERS	570	0	501,062.42	.00	.000	879.06	2.48	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	19,269	106,406	2,993,931.45	28.14	.528	155.38	14.84	
MEDICAL	6,086	9,572	336,044.83	35.11	.047	55.22	1.67	
SURGERY	2,167	2,569	95,119.12	37.03	.013	43.89	.47	
PATHOLOGY	6,320	28,755	331,303.33	11.52	.143	52.42	1.64	
RADIOLOGY	4,887	7,339	489,282.57	66.67	.036	100.12	2.43	
ROOM USE	13,451	19,008	707,910.68	37.24	.094	52.63	3.51	
CROSSOVERS/ALL OTH OUTPTNT	10,034	39,163	1,034,270.92	26.41	.194	103.08	5.13	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	646	15,009	\$ 2,253,415.04	\$ 150.14	.074	\$ 3488.26	\$ 11.17	
LEV A-INTERMEDIATE	45	1,311	117,986.27	90.00	.007	2621.92	.58	
LEV B-REHAB MD	38	1,141	142,622.85	125.00	.006	3753.23	.71	
LEV B-SUBACUTE FREESTANDING	2	21	12,277.80	584.66	.000	6138.90	.06	
LEV B-SUBACUTE HSPTL BASED	13	335	188,625.20	563.06	.002	14509.63	.94	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	556	12,201	1,791,902.92	146.87	.060	3222.85	8.88	
@INTERMEDIATE CARE FACIL.-DD	608	18,673	\$ 3,406,762.38	\$ 182.44	.093	\$ 5603.23	\$ 16.89	
ICF DDH	408	12,323	2,095,915.17	170.08	.061	5137.05	10.39	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	202	6,350	1,310,847.21	206.43	.031	6489.34	6.50	
@HEMODIALYSIS TOTAL	370	10,250	\$ 528,164.16	\$ 51.53	.051	\$ 1427.47	\$ 2.62	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	370	10,250	528,164.16	51.53	.051	1427.47	2.62	
@REHABILITATION FACILITY	280	3,739	\$ 44,937.24	\$ 12.02	.019	\$ 160.49	\$.22	
HOSPITAL BASED	29	178	3,866.62	21.72	.001	133.33	.02	
INDEPENDENT FACILITY	251	3,561	41,070.62	11.53	.018	163.63	.20	
@LABORATORY FACILITY	12,395	51,438	\$ 622,294.31	\$ 12.10	.255	\$ 50.21	\$ 3.09	
PATHOLOGY	11,975	50,633	601,177.15	11.87	.251	50.20	2.98	
XO AND OTHERS	420	805	21,117.16	26.23	.004	50.28	.10	
@ORGANIZED OUTPATIENT CLINIC	51,756	81,257	\$ 7,211,527.91	\$ 88.75	.403	\$ 139.34	\$ 35.76	
CLINIC	1,587	4,488	121,951.51	27.17	.022	76.84	.60	
SURGICENTER	650	2,122	122,292.82	57.63	.011	188.14	.61	
HEROIN DETOX CLINIC	8	81	978.53	12.08	.000	122.32	.00	
RURAL HEALTH CLINIC	50,068	74,566	6,966,305.05	93.42	.370	139.14	34.54	

MOP024
SHASTA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

201,689 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22,334	713,634	\$ 4,229,792.43	\$ 5.93	3.538	\$ 189.39	\$ 20.97
DURABLE MED. EQUIP.	2,606	10,017	1,014,865.41	101.31	.050	389.43	5.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	538	1,049	107,152.84	102.15	.005	199.17	.53
MEDICAL TRANSPORTATION	3,309	93,061	783,936.20	8.42	.461	236.91	3.89
AMBULANCES/AIR TRANS	2,421	27,022	430,289.19	15.92	.134	177.73	2.13
OTHER TRANS	864	65,167	204,423.74	3.14	.323	236.60	1.01
OTHER SERVICES	277	872	149,223.27	171.13	.004	538.71	.74
ACUPUNCTURE	48	107	1,912.27	17.87	.001	39.84	.01
ADULT DAY HEALTH CARE CTR	443	5,087	353,997.81	69.59	.025	799.09	1.76
GENETIC DISEASE TESTING	101	102	10,710.00	105.00	.001	106.04	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	1,264	18,079	689,802.38	38.15	.090	545.73	3.42
OCCUPATIONAL THERAPIST	1	9	93.75	10.42	.000	93.75	.00
OPTICIAN	3,738	8,914	97,249.41	10.91	.044	26.02	.48
PHYSICAL THERAPIST	598	5,817	82,284.77	14.15	.029	137.60	.41
PORTABLE X-RAY	38	82	2,278.42	27.79	.000	59.96	.01
PROSTHETIST/ORTHOTISTS	656	1,164	133,782.51	114.93	.006	203.94	.66
PROSTHETICS	654	1,162	133,606.78	114.98	.006	204.29	.66
ORTHOTICS	2	2	175.73	87.87	.000	87.87	.00
PSYCHOLOGIST	34	109	7,171.68	65.80	.001	210.93	.04
SPEECH AND AUDIOLOGY	430	1,643	79,047.48	48.11	.008	183.83	.39
HOSPICE SERVICES	46	1,405	184,502.33	131.32	.007	4010.92	.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,738	40,878	286,941.94	7.02	.203	76.76	1.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	7,054	526,111	394,063.23	.75	2.609	55.86	1.95
@CALIF. CHILDREN SERVICES*	1,192	34,050	\$ 2,890,090.86	\$ 84.88	.169	\$ 2424.57	\$ 14.33
@XOVER EXCLUDING STATE HOSP**	14,741	103,999	\$ 1,908,953.25	\$ 18.36	.516	\$ 129.50	\$ 9.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,101

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	2,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,294	4,319	\$	567,463.65	\$ 131.39	1.756	\$ 438.53	\$ 230.77
@PHYSICIANS SERVICES	363	846	\$	75,882.22	\$ 89.70	.344	\$ 209.04	\$ 30.86
OUTPATIENT VISITS	257	324		13,135.65	40.54	.132	51.11	5.34
OFFICE VISITS	113	145		4,799.30	33.10	.059	42.47	1.95
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	132	150		7,317.47	48.78	.061	55.44	2.98
PREVENTIVE CARE	19	22		753.82	34.26	.009	39.67	.31
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	7		265.06	37.87	.003	37.87	.11
INPATIENT VISITS	41	227		41,496.94	182.81	.092	1012.12	16.88
HOSPITAL VISITS	29	81		4,501.10	55.57	.033	155.21	1.83
CRITICAL CARE	18	146		36,995.84	253.40	.059	2055.32	15.05
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6		221.97	37.00	.002	37.00	.09
EXAMINATIONS	6	6		221.97	37.00	.002	37.00	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	91		13,630.71	149.79	.037	1135.89	5.54
PRINCIPAL SURGEON	10	16		10,844.76	677.80	.007	1084.48	4.41
ASSISTANT SURGEON	2	3		610.60	203.53	.001	305.30	.25
ANESTHESIOLOGIST	4	72		2,175.35	30.21	.029	543.84	.88
OUTPATIENT SURGERY	10	21		998.57	47.55	.009	99.86	.41
PRINCIPAL SURGEON	8	8		677.32	84.67	.003	84.67	.28
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13		321.25	24.71	.005	160.63	.13
DIALYSIS	1	3		302.43	100.81	.001	302.43	.12
PATHOLOGY	10	15		140.89	9.39	.006	14.09	.06
RADIOLOGY	73	102		2,308.29	22.63	.041	31.62	.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	34	57		3,646.77	63.98	.023	107.26	1.48
@PHARMACY	475	834	\$	40,487.65	\$ 48.55	.339	\$ 85.24	\$ 16.47
PRESCRIPTION DRUGS	467	774		38,470.74	49.70	.315	82.38	15.64
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	467	774		38,470.74	49.70	.315	82.38	15.64
MEDICAL SUPPLIES	30	60		2,016.91	33.62	.024	67.23	.82
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,102
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	2,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$	32.80	\$ 32.80	.000	\$ 32.80	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1		32.80	32.80	.000	32.80	.01
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	215	\$	6,949.37	\$ 32.32	.087	\$ 1389.87	\$ 2.83
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	52.36	\$ 26.18	.001	\$ 52.36	\$.02
@TOTAL HOSPITAL	291	959	\$	323,953.49	\$ 337.80	.390	\$ 1113.24	\$ 131.74
HOSP INPATIENT TOTAL	29	215		301,327.22	1401.52	.087	10390.59	122.54
HSC HOSPITALS	14	175		250,171.00	1429.55	.071	17869.36	101.74
NON-HSC HOSPITAL TOTAL	16	40		51,156.22	1278.91	.016	3197.26	20.80
ACCOMMODATIONS	16	40		23,597.67	589.94	.016	1474.85	9.60
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	40		23,597.67	589.94	.016	1474.85	9.60
ANCILLARIES	16	0		27,558.55	.00	.000	1722.41	11.21
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	268	744		22,626.27	30.41	.303	84.43	9.20
MEDICAL	132	189		5,942.52	31.44	.077	45.02	2.42
SURGERY	8	8		296.71	37.09	.003	37.09	.12
PATHOLOGY	40	121		1,739.08	14.37	.049	43.48	.71
RADIOLOGY	40	42		3,296.40	78.49	.017	82.41	1.34
ROOM USE	247	320		10,252.67	32.04	.130	41.51	4.17
CROSSOVERS/ALL OTH OUTPTNT	49	64		1,098.89	17.17	.026	22.43	.45
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,103
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	2,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	291	959	\$	323,953.49	\$ 337.80	.390	\$ 1113.24	\$ 131.74
COMM HOSP INPATIENT TOTAL	29	215		301,327.22	1401.52	.087	10390.59	122.54
HSC HOSPITALS	14	175		250,171.00	1429.55	.071	17869.36	101.74
NON-HSC HOSPITALS TOTAL	16	40		51,156.22	1278.91	.016	3197.26	20.80
ACCOMMODATIONS	16	40		23,597.67	589.94	.016	1474.85	9.60
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	40		23,597.67	589.94	.016	1474.85	9.60
ANCILLARIES	16	0		27,558.55	.00	.000	1722.41	11.21
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	268	744		22,626.27	30.41	.303	84.43	9.20
MEDICAL	132	189		5,942.52	31.44	.077	45.02	2.42
SURGERY	8	8		296.71	37.09	.003	37.09	.12
PATHOLOGY	40	121		1,739.08	14.37	.049	43.48	.71
RADIOLOGY	40	42		3,296.40	78.49	.017	82.41	1.34
ROOM USE	247	320		10,252.67	32.04	.130	41.51	4.17
CROSSOVERS/ALL OTH OUTPTNT	49	64		1,098.89	17.17	.026	22.43	.45
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	16	\$	258.41	\$ 16.15	.007	\$ 64.60	\$.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	16		258.41	16.15	.007	64.60	.11
@LABORATORY FACILITY	39	73	\$	596.77	\$ 8.17	.030	\$ 15.30	\$.24
PATHOLOGY	39	73		596.77	8.17	.030	15.30	.24
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	662	903	\$	105,150.69	\$	116.45	.367	\$	158.84	\$	42.76
CLINIC	21	55		495.00		9.00	.022		23.57		.20
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	643	848		104,655.69		123.41	.345		162.76		42.56

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,104
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	2,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	470	\$	14,099.89	\$ 30.00	.191	\$ 486.20	\$ 5.73
DURABLE MED. EQUIP.	10	10		575.88	57.59	.004	57.59	.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		99.99	50.00	.001	99.99	.04
MEDICAL TRANSPORTATION	14	448		13,109.49	29.26	.182	936.39	5.33
AMBULANCES/AIR TRANS	12	445		8,234.49	18.50	.181	686.21	3.35
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		4,875.00	1625.00	.001	1625.00	1.98
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4		275.02	68.76	.002	137.51	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	6		39.51	6.59	.002	6.59	.02
@CALIF. CHILDREN SERVICES*	43	1,519	\$	238,528.01	\$ 157.03	.618	\$ 5547.16	\$ 97.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,105
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	3,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,945	22,177	\$	1,943,641.25	\$ 87.64	6.799	\$ 659.98	\$ 595.84
@PHYSICIANS SERVICES	1,200	5,006	\$	278,652.96	\$ 55.66	1.535	\$ 232.21	\$ 85.42
OUTPATIENT VISITS	489	2,800		69,022.57	24.65	.858	141.15	21.16
OFFICE VISITS	94	102		4,775.21	46.82	.031	50.80	1.46
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	82	98		6,164.31	62.90	.030	75.17	1.89

PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	334	2,597	57,972.60	22.32	.796	173.57	17.77
OTHER OUTPATIENT	2	2	75.76	37.88	.001	37.88	.02
INPATIENT VISITS	197	618	47,633.74	77.08	.189	241.80	14.60
HOSPITAL VISITS	184	429	20,798.61	48.48	.132	113.04	6.38
CRITICAL CARE	30	189	26,835.13	141.98	.058	894.50	8.23
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	233	460	114,524.37	248.97	.141	491.52	35.11
PRINCIPAL SURGEON	176	180	101,322.55	562.90	.055	575.70	31.06
ASSISTANT SURGEON	18	18	3,287.80	182.66	.006	182.66	1.01
ANESTHESIOLOGIST	62	262	9,914.02	37.84	.080	159.90	3.04
OUTPATIENT SURGERY	73	228	9,223.85	40.46	.070	126.35	2.83
PRINCIPAL SURGEON	63	104	7,802.56	75.02	.032	123.85	2.39
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.03
ANESTHESIOLOGIST	11	123	1,328.21	10.80	.038	120.75	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	78	134	2,113.70	15.77	.041	27.10	.65
RADIOLOGY	493	650	30,670.30	47.19	.199	62.21	9.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	8	576.22	72.03	.002	82.32	.18
OTHER SERVICES/ALL X-OVERS	95	108	4,888.21	45.26	.033	51.45	1.50
@PHARMACY	725	1,565	\$ 64,298.17	\$ 41.09	.480	\$ 88.69	\$ 19.71
PRESCRIPTION DRUGS	696	1,420	56,099.62	39.51	.435	80.60	17.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	696	1,420	56,099.62	39.51	.435	80.60	17.20
MEDICAL SUPPLIES	56	145	8,198.55	56.54	.044	146.40	2.51
@DENTIST	30	124	\$ 2,458.00	\$ 19.82	.038	\$ 81.93	\$.75
VISITS - DIAGNOSTIC	24	90	456.00	5.07	.028	19.00	.14
ORAL SURGERY	7	17	703.00	41.35	.005	100.43	.22

DRUGS	2	4	30.00	7.50	.001	15.00	.01
ANESTHESIA	2	2	100.00	50.00	.001	50.00	.03
PERIODONTICS	3	3	118.00	39.33	.001	39.33	.04
ENDODONTICS	3	6	948.00	158.00	.002	316.00	.29
RESTORATIVE DENTISTRY	2	2	103.00	51.50	.001	51.50	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,106
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	3,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	148	227	\$	11,715.04	\$ 51.61	.070	\$ 79.16	\$ 3.59
NURSE ANESTHESIST	3	16	\$	438.15	\$ 27.38	.005	\$ 146.05	\$.13
NURSE MIDWIFE	2	4	\$	244.68	\$ 61.17	.001	\$ 122.34	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,438	12,009	\$	1,415,229.96	\$ 117.85	3.681	\$ 984.17	\$ 433.85
HOSP INPATIENT TOTAL	285	1,171		1,135,960.73	970.08	.359	3985.83	348.24
HSC HOSPITALS	6	19		23,407.02	1231.95	.006	3901.17	7.18
NON-HSC HOSPITAL TOTAL	280	1,152		1,112,553.71	965.76	.353	3973.41	341.06
ACCOMMODATIONS	280	1,152		512,956.36	445.27	.353	1831.99	157.25
ADMINISTRATIVE DAYS	1	10		1,156.50	115.65	.003	1156.50	.35
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	279	1,142		511,799.86	448.16	.350	1834.41	156.90
ANCILLARIES	280	0		599,597.35	.00	.000	2141.42	183.81
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,302	10,838		279,269.23	25.77	3.323	214.49	85.61
MEDICAL	121	165		6,079.41	36.84	.051	50.24	1.86
SURGERY	171	245		7,406.65	30.23	.075	43.31	2.27
PATHOLOGY	691	2,407		34,113.86	14.17	.738	49.37	10.46
RADIOLOGY	285	323		20,610.42	63.81	.099	72.32	6.32
ROOM USE	976	1,893		63,921.84	33.77	.580	65.49	19.60
CROSSOVERS/ALL OTH OUTPTNT	916	5,805		147,137.05	25.35	1.780	160.63	45.11
@COUNTY HOSPITAL TOTAL	5	50	\$	1,762.41	\$ 35.25	.015	\$ 352.48	\$.54
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	50	1,762.41	35.25	.015	352.48	.54
MEDICAL	1	2	164.87	82.44	.001	164.87	.05
SURGERY	3	6	137.92	22.99	.002	45.97	.04
PATHOLOGY	3	16	295.07	18.44	.005	98.36	.09
RADIOLOGY	1	1	138.66	138.66	.000	138.66	.04
ROOM USE	4	12	762.79	63.57	.004	190.70	.23
CROSSOVERS/ALL OTH OUTPTNT	4	13	263.10	20.24	.004	65.78	.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,107
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	3,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,435	11,959	\$	1,413,467.55	\$ 118.19	3.666	\$ 984.99	\$ 433.31
COMM HOSP INPATIENT TOTAL	285	1,171		1,135,960.73	970.08	.359	3985.83	348.24
HSC HOSPITALS	6	19		23,407.02	1231.95	.006	3901.17	7.18
NON-HSC HOSPITALS TOTAL	280	1,152		1,112,553.71	965.76	.353	3973.41	341.06
ACCOMMODATIONS	280	1,152		512,956.36	445.27	.353	1831.99	157.25
ADMINISTRATIVE DAYS	1	10		1,156.50	115.65	.003	1156.50	.35
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	279	1,142		511,799.86	448.16	.350	1834.41	156.90
ANCILLARIES	280	0		599,597.35	.00	.000	2141.42	183.81
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,299	10,788		277,506.82	25.72	3.307	213.63	85.07
MEDICAL	121	163		5,914.54	36.29	.050	48.88	1.81
SURGERY	168	239		7,268.73	30.41	.073	43.27	2.23
PATHOLOGY	688	2,391		33,818.79	14.14	.733	49.16	10.37
RADIOLOGY	284	322		20,471.76	63.58	.099	72.08	6.28
ROOM USE	973	1,881		63,159.05	33.58	.577	64.91	19.36
CROSSOVERS/ALL OTH OUTPTNT	913	5,792		146,873.95	25.36	1.776	160.87	45.03
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	421	1,174	\$	21,613.33	\$	18.41	.360	\$	51.34	\$	6.63
PATHOLOGY	421	1,174		21,613.33		18.41	.360		51.34		6.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	511	1,247	\$	125,025.96	\$	100.26	.382	\$	244.67	\$	38.33
CLINIC	97	395		19,889.98		50.35	.121		205.05		6.10
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	415	852		105,135.98		123.40	.261		253.34		32.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 14,108
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,262 ELIGIBLES							
@ALL OTHER PROVIDERS	157	805	\$ 23,965.00	\$ 29.77	.247	\$ 152.64	\$ 7.35
DURABLE MED. EQUIP.	3	4	275.16	68.79	.001	91.72	.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	431	9,253.89	21.47	.132	616.93	2.84
AMBULANCES/AIR TRANS	14	428	5,428.89	12.68	.131	387.78	1.66
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	3,825.00	1275.00	.001	1275.00	1.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	135	135	14,175.00	105.00	.041	105.00	4.35
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	2	28.05	14.03	.001	28.05	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	166.32	55.44	.001	83.16	.05
PROSTHETICS	2	3	166.32	55.44	.001	83.16	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	230	66.58	.29	.071	33.29	.02
@CALIF. CHILDREN SERVICES*	12	161	\$ 183,039.19	\$ 1136.89	.049	\$ 15253.27	\$ 56.11
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 14,109
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
17 ELIGIBLES							

@TOTAL, ALL PROVIDERS	24	86	\$	3,553.69	\$	41.32	5.059	\$	148.07	\$	209.04
@PHYSICIANS SERVICES	7	25	\$	1,224.96	\$	49.00	1.471	\$	174.99	\$	72.06
OUTPATIENT VISITS	4	4		116.35		29.09	.235		29.09		6.84
OFFICE VISITS	3	3		48.00		16.00	.176		16.00		2.82
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.059		68.35		4.02
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	12		244.05		20.34	.706		244.05		14.36
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	12		244.05		20.34	.706		244.05		14.36
OUTPATIENT SURGERY	2	2		611.31		305.66	.118		305.66		35.96
PRINCIPAL SURGEON	2	2		611.31		305.66	.118		305.66		35.96
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		27.06		27.06	.059		27.06		1.59
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	3		13.97		4.66	.176		13.97		.82
OTHER SERVICES/ALL X-OVERS	2	3		212.22		70.74	.176		106.11		12.48
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,110
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
17 ELIGIBLES							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	39	\$	916.63	\$	23.50	2.294	\$	114.58	\$	53.92
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	39		916.63		23.50	2.294		114.58		53.92
MEDICAL	2	2		29.43		14.72	.118		14.72		1.73
SURGERY	2	2		180.46		90.23	.118		90.23		10.62
PATHOLOGY	6	14		150.33		10.74	.824		25.06		8.84

RADIOLOGY	1	1	58.22	58.22	.059	58.22	3.42
ROOM USE	5	7	308.63	44.09	.412	61.73	18.15
CROSSOVERS/ALL OTH OUTPTNT	4	13	189.56	14.58	.765	47.39	11.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,111
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	39	\$ 916.63	\$ 23.50	2.294	\$ 114.58	\$ 53.92
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	39	916.63	23.50	2.294	114.58	53.92
MEDICAL	2	2	29.43	14.72	.118	14.72	1.73
SURGERY	2	2	180.46	90.23	.118	90.23	10.62
PATHOLOGY	6	14	150.33	10.74	.824	25.06	8.84
RADIOLOGY	1	1	58.22	58.22	.059	58.22	3.42
ROOM USE	5	7	308.63	44.09	.412	61.73	18.15
CROSSOVERS/ALL OTH OUTPTNT	4	13	189.56	14.58	.765	47.39	11.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	12	\$ 341.50	\$ 28.46	.706	\$ 56.92	\$ 20.09
PATHOLOGY	6	12	341.50	28.46	.706	56.92	20.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$ 1,070.60	\$ 107.06	.588	\$ 133.83	\$ 62.98
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	10	1,070.60	107.06	.588	133.83	62.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,112
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

5,738 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	4,263	26,582	\$ 2,514,658.59	\$ 94.60	4.633	\$ 589.88	\$ 438.25	
@PHYSICIANS SERVICES	1,570	5,877	\$ 355,760.14	\$ 60.53	1.024	\$ 226.60	\$ 62.00	
OUTPATIENT VISITS	750	3,128	82,274.57	26.30	.545	109.70	14.34	
OFFICE VISITS	210	250	9,622.51	38.49	.044	45.82	1.68	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	215	249	13,550.13	54.42	.043	63.02	2.36	
PREVENTIVE CARE	20	23	788.51	34.28	.004	39.43	.14	
OB VISITS/COMPRE PERI	334	2,597	57,972.60	22.32	.453	173.57	10.10	
OTHER OUTPATIENT	9	9	340.82	37.87	.002	37.87	.06	
INPATIENT VISITS	238	845	89,130.68	105.48	.147	374.50	15.53	
HOSPITAL VISITS	213	510	25,299.71	49.61	.089	118.78	4.41	
CRITICAL CARE	48	335	63,830.97	190.54	.058	1329.81	11.12	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	6	6	221.97	37.00	.001	37.00	.04	
EXAMINATIONS	6	6	221.97	37.00	.001	37.00	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	246	563	128,399.13	228.06	.098	521.95	22.38	
PRINCIPAL SURGEON	186	196	112,167.31	572.28	.034	603.05	19.55	
ASSISTANT SURGEON	20	21	3,898.40	185.64	.004	194.92	.68	
ANESTHESIOLOGIST	67	346	12,333.42	35.65	.060	184.08	2.15	
OUTPATIENT SURGERY	85	251	10,833.73	43.16	.044	127.46	1.89	
PRINCIPAL SURGEON	73	114	9,091.19	79.75	.020	124.54	1.58	
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.02	
ANESTHESIOLOGIST	13	136	1,649.46	12.13	.024	126.88	.29	
DIALYSIS	1	3	302.43	100.81	.001	302.43	.05	
PATHOLOGY	88	149	2,254.59	15.13	.026	25.62	.39	
RADIOLOGY	567	753	33,005.65	43.83	.131	58.21	5.75	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	8	11	590.19	53.65	.002	73.77	.10	
OTHER SERVICES/ALL X-OVERS	131	168	8,747.20	52.07	.029	66.77	1.52	
@PHARMACY	1,200	2,399	\$ 104,785.82	\$ 43.68	.418	\$ 87.32	\$ 18.26	
PRESCRIPTION DRUGS	1,163	2,194	94,570.36	43.10	.382	81.32	16.48	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	1,163	2,194	94,570.36	43.10	.382	81.32	16.48	
MEDICAL SUPPLIES	86	205	10,215.46	49.83	.036	118.78	1.78	
@DENTIST	30	124	\$ 2,458.00	\$ 19.82	.022	\$ 81.93	\$.43	
VISITS - DIAGNOSTIC	24	90	456.00	5.07	.016	19.00	.08	
ORAL SURGERY	7	17	703.00	41.35	.003	100.43	.12	
DRUGS	2	4	30.00	7.50	.001	15.00	.01	
ANESTHESIA	2	2	100.00	50.00	.000	50.00	.02	
PERIODONTICS	3	3	118.00	39.33	.001	39.33	.02	
ENDODONTICS	3	6	948.00	158.00	.001	316.00	.17	
RESTORATIVE DENTISTRY	2	2	103.00	51.50	.000	51.50	.02	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

5,738 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$	1	\$	32.80	\$ 32.80	.000	\$ 32.80	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1		1		32.80	32.80	.000	32.80	.01
EYE APPLIANCES	0	0		0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		0		.00	.00	.000	.00	.00
OTHER	0	0		0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	153	442	\$		\$	18,664.41	42.23	.077	\$ 121.99	\$ 3.25
NURSE ANESTHESIST	3	16	\$		\$	438.15	27.38	.003	\$ 146.05	\$.08
NURSE MIDWIFE	2	4	\$		\$	244.68	61.17	.001	\$ 122.34	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$		\$	52.36	26.18	.000	\$ 52.36	\$.01
@TOTAL HOSPITAL	1,737	13,007	\$		\$	1,740,100.08	133.78	2.267	\$ 1001.78	\$ 303.26
HOSP INPATIENT TOTAL	314	1,386				1,437,287.95	1037.00	.242	4577.35	250.49
HSC HOSPITALS	20	194				273,578.02	1410.20	.034	13678.90	47.68
NON-HSC HOSPITAL TOTAL	296	1,192				1,163,709.93	976.27	.208	3931.45	202.81
ACCOMMODATIONS	296	1,192				536,554.03	450.13	.208	1812.68	93.51
ADMINISTRATIVE DAYS	1	10				1,156.50	115.65	.002	1156.50	.20
TRANSITIONAL IP CARE	0	0				.00	.00	.000	.00	.00
ALL OTHER ACCOM	295	1,182				535,397.53	452.96	.206	1814.91	93.31
ANCILLARIES	296	0				627,155.90	.00	.000	2118.77	109.30
INPATIENT CROSSOVERS	0	0				.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0				.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,578	11,621				302,812.13	26.06	2.025	191.90	52.77
MEDICAL	255	356				12,051.36	33.85	.062	47.26	2.10
SURGERY	181	255				7,883.82	30.92	.044	43.56	1.37
PATHOLOGY	737	2,542				36,003.27	14.16	.443	48.85	6.27
RADIOLOGY	326	366				23,965.04	65.48	.064	73.51	4.18
ROOM USE	1,228	2,220				74,483.14	33.55	.387	60.65	12.98
CROSSOVERS/ALL OTH OUTPTNT	969	5,882				148,425.50	25.23	1.025	153.17	25.87
@COUNTY HOSPITAL TOTAL	5	50	\$		\$	1,762.41	35.25	.009	\$ 352.48	\$.31
CO HOSPITAL INPATIENT TOTAL	0	0				.00	.00	.000	.00	.00
HSC HOSPITALS	0	0				.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0				.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0				.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0				.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0				.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0				.00	.00	.000	.00	.00
ANCILLARIES	0	0				.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0				.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0				.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	50				1,762.41	35.25	.009	352.48	.31
MEDICAL	1	2				164.87	82.44	.000	164.87	.03
SURGERY	3	6				137.92	22.99	.001	45.97	.02
PATHOLOGY	3	16				295.07	18.44	.003	98.36	.05

RADIOLOGY	1	1	138.66	138.66	.000	138.66	.02
ROOM USE	4	12	762.79	63.57	.002	190.70	.13
CROSSOVERS/ALL OTH OUTPTNT	4	13	263.10	20.24	.002	65.78	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,115
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	5,738 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,734	12,957	\$ 1,738,337.67	\$ 134.16	2.258	\$ 1002.50	\$ 302.95	
COMM HOSP INPATIENT TOTAL	314	1,386	1,437,287.95	1037.00	.242	4577.35	250.49	
HSC HOSPITALS	20	194	273,578.02	1410.20	.034	13678.90	47.68	
NON-HSC HOSPITALS TOTAL	296	1,192	1,163,709.93	976.27	.208	3931.45	202.81	
ACCOMMODATIONS	296	1,192	536,554.03	450.13	.208	1812.68	93.51	
ADMINISTRATIVE DAYS	1	10	1,156.50	115.65	.002	1156.50	.20	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	295	1,182	535,397.53	452.96	.206	1814.91	93.31	
ANCILLARIES	296	0	627,155.90	.00	.000	2118.77	109.30	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,575	11,571	301,049.72	26.02	2.017	191.14	52.47	
MEDICAL	255	354	11,886.49	33.58	.062	46.61	2.07	
SURGERY	178	249	7,745.90	31.11	.043	43.52	1.35	
PATHOLOGY	734	2,526	35,708.20	14.14	.440	48.65	6.22	
RADIOLOGY	325	365	23,826.38	65.28	.064	73.31	4.15	
ROOM USE	1,225	2,208	73,720.35	33.39	.385	60.18	12.85	
CROSSOVERS/ALL OTH OUTPTNT	966	5,869	148,162.40	25.24	1.023	153.38	25.82	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	16	\$ 258.41	\$ 16.15	.003	\$ 64.60	\$.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	16	258.41	16.15	.003	64.60	.05
@LABORATORY FACILITY	466	1,259	\$ 22,551.60	\$ 17.91	.219	\$ 48.39	\$ 3.93
PATHOLOGY	466	1,259	22,551.60	17.91	.219	48.39	3.93
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,181	2,160	\$ 231,247.25	\$ 107.06	.376	\$ 195.81	\$ 40.30
CLINIC	118	450	20,384.98	45.30	.078	172.75	3.55
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,066	1,710	210,862.27	123.31	.298	197.81	36.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SHASTA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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	5,738 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	186	1,275	\$	38,064.89	\$ 29.85	.222	\$ 204.65	\$ 6.63
DURABLE MED. EQUIP.	13	14		851.04	60.79	.002	65.46	.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		99.99	50.00	.000	99.99	.02
MEDICAL TRANSPORTATION	29	879		22,363.38	25.44	.153	771.15	3.90
AMBULANCES/AIR TRANS	26	873		13,663.38	15.65	.152	525.51	2.38
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	6	6		8,700.00	1450.00	.001	1450.00	1.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	135	135		14,175.00	105.00	.024	105.00	2.47
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	2		28.05	14.03	.000	28.05	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3		166.32	55.44	.001	83.16	.03
PROSTHETICS	2	3		166.32	55.44	.001	83.16	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4		275.02	68.76	.001	137.51	.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	8	236		106.09		.45	.041	13.26	.02
@CALIF. CHILDREN SERVICES*	55	1,680	\$	421,567.20	\$	250.93	.293	\$ 7664.86	\$ 73.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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						----- MONTHLY AVERAGE -----		
3,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,116	61,952	\$ 1,661,213.33	\$ 26.81	18.940	\$ 533.12	\$ 507.86	
@PHYSICIANS SERVICES	784	2,550	\$ 39,432.25	\$ 15.46	.780	\$ 50.30	\$ 12.06	
OUTPATIENT VISITS	8	10	117.84	11.78	.003	14.73	.04	
OFFICE VISITS	8	9	117.84	13.09	.003	14.73	.04	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	1	1	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	2	2	135.73	67.87	.001	67.87	.04	
PRINCIPAL SURGEON	1	1	45.79	45.79	.000	45.79	.01	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.03	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	3.63	3.63	.000	3.63	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	2	17.60	8.80	.001	8.80	.01	
OTHER SERVICES/ALL X-OVERS	779	2,535	39,157.45	15.45	.775	50.27	11.97	
@PHARMACY	2,727	36,175	\$ 1,088,397.22	\$ 30.09	11.059	\$ 399.12	\$ 332.74	
PRESCRIPTION DRUGS	2,697	14,103	1,065,506.77	75.55	4.312	395.07	325.74	
SNF/ICF	47	368	22,844.97	62.08	.113	486.06	6.98	
OUTPATIENTS	2,658	13,735	1,042,661.80	75.91	4.199	392.27	318.76	
MEDICAL SUPPLIES	247	22,072	22,890.45	1.04	6.748	92.67	7.00	
@DENTIST	132	570	\$ 26,561.00	\$ 46.60	.174	\$ 201.22	\$ 8.12	
VISITS - DIAGNOSTIC	79	339	3,703.00	10.92	.104	46.87	1.13	
ORAL SURGERY	21	87	4,427.00	50.89	.027	210.81	1.35	
DRUGS	2	3	45.00	15.00	.001	22.50	.01	
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.06	
PERIODONTICS	7	7	733.00	104.71	.002	104.71	.22	
ENDODONTICS	2	2	520.00	260.00	.001	260.00	.16	
RESTORATIVE DENTISTRY	26	47	2,715.00	57.77	.014	104.42	.83	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	34	75	14,218.00	189.57	.023	418.18	4.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00

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SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	3,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	76	198	\$	4,763.84	\$ 24.06	.061	\$ 62.68	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	11	12		345.34	28.78	.004	31.39	.11
EYE APPLIANCES	63	172		4,202.17	24.43	.053	66.70	1.28
OTHER OPTOMETRIC SERVICES	8	14		216.33	15.45	.004	27.04	.07
@CHIROPRACTOR	4	4	\$	66.88	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		66.88	16.72	.001	16.72	.02
@PODIATRIST	10	17	\$	162.30	\$ 9.55	.005	\$ 16.23	\$.05
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	10	17		162.30	9.55	.005	16.23	.05
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	211	847	\$	90,089.20	\$ 106.36	.259	\$ 426.96	\$ 27.54
HOSP INPATIENT TOTAL	72	0		61,434.70	.00	.000	853.26	18.78
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	72	0		61,434.70	.00	.000	853.26	18.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	148	847		28,654.50	33.83	.259	193.61	8.76
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	148	847		28,654.50	33.83	.259	193.61	8.76
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	3,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	211		847	\$ 90,089.20	\$ 106.36	.259	\$ 426.96	\$ 27.54
COMM HOSP INPATIENT TOTAL	72		0	61,434.70	.00	.000	853.26	18.78
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	72		0	61,434.70	.00	.000	853.26	18.78
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	148		847	28,654.50	33.83	.259	193.61	8.76
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	148		847	28,654.50	33.83	.259	193.61	8.76
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	81		1,170	\$ 218,585.87	\$ 186.83	.358	\$ 2698.59	\$ 66.83
LEV A-INTERMEDIATE	6		122	10,923.88	89.54	.037	1820.65	3.34
LEV B-REHAB MD	9		324	40,598.63	125.30	.099	4510.96	12.41
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	66		724	167,063.36	230.75	.221	2531.26	51.07
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8		11	\$ 6,114.80	\$ 555.89	.003	\$ 764.35	\$ 1.87
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8		11	6,114.80	555.89	.003	764.35	1.87
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	36		60	\$ 466.61	\$ 7.78	.018	\$ 12.96	\$.14
PATHOLOGY	1		5	3.35	.67	.002	3.35	.00
XO AND OTHERS	35		55	463.26	8.42	.017	13.24	.14

@ORGANIZED OUTPATIENT CLINIC	591	972	\$	39,980.15	\$	41.13	.297	\$	67.65	\$	12.22
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	28	45		8,214.19		182.54	.014		293.36		2.51
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	567	927		31,765.96		34.27	.283		56.02		9.71

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	3,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	852		19,378	\$ 146,593.21	\$ 7.56	5.924	\$ 172.06	\$ 44.82
DURABLE MED. EQUIP.	47		66	12,340.03	186.97	.020	262.55	3.77
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	42		85	13,088.76	153.99	.026	311.64	4.00
MEDICAL TRANSPORTATION	81		1,143	6,067.06	5.31	.349	74.90	1.85
AMBULANCES/AIR TRANS	3		3	60.00	20.00	.001	20.00	.02
OTHER TRANS	71		1,046	4,611.90	4.41	.320	64.96	1.41
OTHER SERVICES	19		94	1,395.16	14.84	.029	73.43	.43
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	36		547	38,060.26	69.58	.167	1057.23	11.64
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	147		1,684	48,220.39	28.63	.515	328.03	14.74
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	94		215	2,748.10	12.78	.066	29.24	.84
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2		6	6.32	1.05	.002	3.16	.00
PROSTHETIST/ORTHOTISTS	5		7	302.73	43.25	.002	60.55	.09
PROSTHETICS	5		7	302.73	43.25	.002	60.55	.09
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1		1	38.49	38.49	.000	38.49	.01
SPEECH AND AUDIOLOGY	25		41	4,100.09	100.00	.013	164.00	1.25

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	509	15,583	21,620.98	1.39	4.764	42.48	6.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,291	17,485	\$ 245,661.98	\$ 14.05	5.345	\$ 190.29	\$ 75.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,121

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	330	\$ 8,874.04	\$ 26.89	15.714	\$ 554.63	\$ 422.57
@PHYSICIANS SERVICES	5	9	\$ 68.10	\$ 7.57	.429	\$ 13.62	\$ 3.24
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9	68.10	7.57	.429	13.62	3.24
@PHARMACY	14	103	\$ 7,385.26	\$ 71.70	4.905	\$ 527.52	\$ 351.68
PRESCRIPTION DRUGS	14	103	7,385.26	71.70	4.905	527.52	351.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	103	7,385.26	71.70	4.905	527.52	351.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	7	\$ 1,055.35	\$ 150.76	.333	\$ 351.78	\$ 50.25
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	41.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	41.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	7	179.35	25.62	.333	89.68	8.54
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	179.35	25.62	.333	89.68	8.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,123
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7	\$ 1,055.35	\$ 150.76	.333	\$ 351.78	\$ 50.25
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	41.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	41.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	179.35	25.62	.333	89.68	8.54
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	179.35	25.62	.333	89.68	8.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	100.62	\$	33.54	.143	\$	50.31	\$	4.79
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		100.62		33.54	.143		50.31		4.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,124
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
21 ELIGIBLES							
@ALL OTHER PROVIDERS	4	208	\$ 264.71	\$ 1.27	9.905	\$ 66.18	\$ 12.61
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	208	264.71	1.27	9.905	66.18	12.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	27	\$ 1,298.39	\$ 48.09	1.286	\$ 129.84	\$ 61.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,125
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,867 ELIGIBLES							

@TOTAL, ALL PROVIDERS	2,669	36,958	\$	1,603,326.69	\$	43.38	12.891	\$	600.72	\$	559.23
@PHYSICIANS SERVICES	497	1,641	\$	23,805.81	\$	14.51	.572	\$	47.90	\$	8.30
OUTPATIENT VISITS	9	11		324.46		29.50	.004		36.05		.11
OFFICE VISITS	8	9		201.90		22.43	.003		25.24		.07
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		108.08		108.08	.000		108.08		.04
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		14.48		14.48	.000		14.48		.01
INPATIENT VISITS	5	21		721.04		34.34	.007		144.21		.25
HOSPITAL VISITS	5	21		721.04		34.34	.007		144.21		.25
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		147.57		49.19	.001		49.19		.05
EXAMINATIONS	3	3		147.57		49.19	.001		49.19		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	3		1,090.91		363.64	.001		363.64		.38
PRINCIPAL SURGEON	2	2		913.70		456.85	.001		456.85		.32
ASSISTANT SURGEON	1	1		177.21		177.21	.000		177.21		.06
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		295.23		295.23	.000		295.23		.10
PRINCIPAL SURGEON	1	1		295.23		295.23	.000		295.23		.10
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		3.50		3.50	.000		3.50		.00
RADIOLOGY	14	24		2,535.50		105.65	.008		181.11		.88
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		10.93		10.93	.000		10.93		.00
OTHER SERVICES/ALL X-OVERS	480	1,576		18,676.67		11.85	.550		38.91		6.51
@PHARMACY	2,307	19,578	\$	1,291,827.26	\$	65.98	6.829	\$	559.96	\$	450.59
PRESCRIPTION DRUGS	2,295	12,239		1,274,359.58		104.12	4.269		555.28		444.49

SNF/ICF	30	198		26,102.69	131.83	.069	870.09	9.10
OUTPATIENTS	2,275	12,041		1,248,256.89	103.67	4.200	548.68	435.39
MEDICAL SUPPLIES	200	7,339		17,467.68	2.38	2.560	87.34	6.09
@DENTIST	169	742	\$	23,383.00	\$ 31.51	.259	\$ 138.36	\$ 8.16
VISITS - DIAGNOSTIC	114	479		5,121.00	10.69	.167	44.92	1.79
ORAL SURGERY	26	62		3,294.00	53.13	.022	126.69	1.15
DRUGS	2	5		75.00	15.00	.002	37.50	.03
ANESTHESIA	5	5		500.00	100.00	.002	100.00	.17
PERIODONTICS	9	9		826.00	91.78	.003	91.78	.29
ENDODONTICS	12	13		2,415.00	185.77	.005	201.25	.84
RESTORATIVE DENTISTRY	44	86		5,675.00	65.99	.030	128.98	1.98
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	22	61		5,477.00	89.79	.021	248.95	1.91
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	22		.00	.00	.008	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

2,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	82	217	\$ 4,971.54	\$ 22.91	.076	\$ 60.63	\$ 1.73
DIAGNOSTIC AND ANC. PROCED	18	19	778.37	40.97	.007	43.24	.27
EYE APPLIANCES	62	180	3,842.71	21.35	.063	61.98	1.34
OTHER OPTOMETRIC SERVICES	13	18	350.46	19.47	.006	26.96	.12
@CHIROPRACTOR	10	15	\$ 236.42	\$ 15.76	.005	\$ 23.64	\$.08
VISITS	4	8	125.40	15.68	.003	31.35	.04
OTHER SERVICES	6	7	111.02	15.86	.002	18.50	.04
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	3	\$ 224.58	\$ 74.86	.001	\$ 224.58	\$.08
NURSE ANESTHESIST	1	1	\$ 8.98	\$ 8.98	.000	\$ 8.98	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	5	\$ 56.63	\$ 11.33	.002	\$ 18.88	\$.02
@TOTAL HOSPITAL	199	865	\$ 119,119.42	\$ 137.71	.302	\$ 598.59	\$ 41.55
HOSP INPATIENT TOTAL	47	25	100,553.31	4022.13	.009	2139.43	35.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	25	48,005.44	1920.22	.009	16001.81	16.74
ACCOMMODATIONS	3	25	12,791.04	511.64	.009	4263.68	4.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	25	12,791.04	511.64	.009	4263.68	4.46
ANCILLARIES	3	0	35,214.40	.00	.000	11738.13	12.28
INPATIENT CROSSOVERS	44	0	52,547.87	.00	.000	1194.27	18.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	158	840	18,566.11	22.10	.293	117.51	6.48
MEDICAL	11	26	819.36	31.51	.009	74.49	.29
SURGERY	2	2	8.46	4.23	.001	4.23	.00
PATHOLOGY	6	16	214.57	13.41	.006	35.76	.07

RADIOLOGY	2	3	73.72	24.57	.001	36.86	.03
ROOM USE	9	16	488.31	30.52	.006	54.26	.17
CROSSOVERS/ALL OTH OUTPTNT	146	777	16,961.69	21.83	.271	116.18	5.92
@COUNTY HOSPITAL TOTAL	1	0	\$ 12.06	\$.00	.000	\$ 12.06	\$.00
CO HOSPITAL INPATIENT TOTAL	1	0	12.06	.00	.000	12.06	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

					----- MONTHLY AVERAGE -----			
2,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	198	865	\$ 119,107.36	\$ 137.70	.302	\$ 601.55	\$ 41.54	
COMM HOSP INPATIENT TOTAL	46	25	100,541.25	4021.65	.009	2185.68	35.07	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	25	48,005.44	1920.22	.009	16001.81	16.74	
ACCOMMODATIONS	3	25	12,791.04	511.64	.009	4263.68	4.46	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	25	12,791.04	511.64	.009	4263.68	4.46	
ANCILLARIES	3	0	35,214.40	.00	.000	11738.13	12.28	
INPATIENT CROSSOVERS	43	0	52,535.81	.00	.000	1221.76	18.32	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	158	840	18,566.11	22.10	.293	117.51	6.48	
MEDICAL	11	26	819.36	31.51	.009	74.49	.29	
SURGERY	2	2	8.46	4.23	.001	4.23	.00	
PATHOLOGY	6	16	214.57	13.41	.006	35.76	.07	
RADIOLOGY	2	3	73.72	24.57	.001	36.86	.03	
ROOM USE	9	16	488.31	30.52	.006	54.26	.17	
CROSSOVERS/ALL OTH OUTPTNT	146	777	16,961.69	21.83	.271	116.18	5.92	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	3	36	\$ 7,152.60	\$ 198.68	.013	\$ 2384.20	\$ 2.49	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	3	36	7,152.60	198.68	.013	2384.20	2.49	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ 1,313.76	\$.00	.000	\$.00	\$.46	

ICF DDH	0	0	1,313.76	.00	.000	.00	.46
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	16	\$ 9,098.96	\$ 568.69	.006	\$ 758.25	\$ 3.17
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	16	9,098.96	568.69	.006	758.25	3.17
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	46	108	\$ 1,248.93	\$ 11.56	.038	\$ 27.15	\$.44
PATHOLOGY	20	62	748.99	12.08	.022	37.45	.26
XO AND OTHERS	26	46	499.94	10.87	.016	19.23	.17
@ORGANIZED OUTPATIENT CLINIC	732	1,215	\$ 54,951.73	\$ 45.23	.424	\$ 75.07	\$ 19.17
CLINIC	2	2	37.79	18.90	.001	18.90	.01
SURGICENTER	9	20	2,794.16	139.71	.007	310.46	.97
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	727	1,193	52,119.78	43.69	.416	71.69	18.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
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SHASTA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

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	2,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	421	12,516	\$	65,927.07	\$ 5.27	4.366	\$ 156.60	\$ 23.00
DURABLE MED. EQUIP.	36	113		25,069.72	221.86	.039	696.38	8.74
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,124.69	374.90	.001	374.90	.39
MEDICAL TRANSPORTATION	41	1,261		7,709.19	6.11	.440	188.03	2.69
AMBULANCES/AIR TRANS	2	7		139.50	19.93	.002	69.75	.05
OTHER TRANS	34	1,184		7,404.60	6.25	.413	217.78	2.58
OTHER SERVICES	7	70		165.09	2.36	.024	23.58	.06
ACUPUNCTURE	7	16		270.13	16.88	.006	38.59	.09
ADULT DAY HEALTH CARE CTR	7	88		6,143.92	69.82	.031	877.70	2.14
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	17	70		9,094.49	129.92	.024	534.97	3.17
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	69	169		1,841.75	10.90	.059	26.69	.64
PHYSICAL THERAPIST	1	18		243.47	13.53	.006	243.47	.08
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	21		365.74	17.42	.007	73.15	.13
PROSTHETICS	5	21		365.74	17.42	.007	73.15	.13
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	9		226.28	25.14	.003	75.43	.08
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	266	10,748		13,837.69	1.29	3.749	52.02	4.83
@CALIF. CHILDREN SERVICES*	1	1	\$	94.34	\$ 94.34	.000	\$ 94.34	\$.03
@XOVER EXCLUDING STATE HOSP**	771	7,268	\$	114,550.32	\$ 15.76	2.535	\$ 148.57	\$ 39.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
PSYCHIATRY	0		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00
SNF/ICF	0		0	.00	.00	.000	.00	.00
OUTPATIENTS	0		0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00
ORAL SURGERY	0		0	.00	.00	.000	.00	.00
DRUGS	0		0	.00	.00	.000	.00	.00
ANESTHESIA	0		0	.00	.00	.000	.00	.00
PERIODONTICS	0		0	.00	.00	.000	.00	.00
ENDODONTICS	0		0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,131
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,132
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,133

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,159 ELIGIBLES							
@TOTAL, ALL PROVIDERS	5,801	99,240	\$ 3,273,414.06	\$ 32.98	16.113	\$ 564.28	\$ 531.48
@PHYSICIANS SERVICES	1,286	4,200	\$ 63,306.16	\$ 15.07	.682	\$ 49.23	\$ 10.28
OUTPATIENT VISITS	17	21	442.30	21.06	.003	26.02	.07
OFFICE VISITS	16	18	319.74	17.76	.003	19.98	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	14.48	7.24	.000	7.24	.00
INPATIENT VISITS	5	21	721.04	34.34	.003	144.21	.12
HOSPITAL VISITS	5	21	721.04	34.34	.003	144.21	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	147.57	49.19	.000	49.19	.02
EXAMINATIONS	3	3	147.57	49.19	.000	49.19	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	1,090.91	363.64	.000	363.64	.18
PRINCIPAL SURGEON	2	2	913.70	456.85	.000	456.85	.15
ASSISTANT SURGEON	1	1	177.21	177.21	.000	177.21	.03
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	430.96	143.65	.000	143.65	.07
PRINCIPAL SURGEON	2	2	341.02	170.51	.000	170.51	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	7.13	3.57	.000	3.57	.00
RADIOLOGY	14	24	2,535.50	105.65	.004	181.11	.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	28.53	9.51	.000	9.51	.00
OTHER SERVICES/ALL X-OVERS	1,264	4,120	57,902.22	14.05	.669	45.81	9.40
@PHARMACY	5,048	55,856	\$ 2,387,609.74	\$ 42.75	9.069	\$ 472.98	\$ 387.66
PRESCRIPTION DRUGS	5,006	26,445	2,347,251.61	88.76	4.294	468.89	381.11
SNF/ICF	77	566	48,947.66	86.48	.092	635.68	7.95
OUTPATIENTS	4,947	25,879	2,298,303.95	88.81	4.202	464.59	373.16
MEDICAL SUPPLIES	447	29,411	40,358.13	1.37	4.775	90.29	6.55
@DENTIST	301	1,312	\$ 49,944.00	\$ 38.07	.213	\$ 165.93	\$ 8.11
VISITS - DIAGNOSTIC	193	818	8,824.00	10.79	.133	45.72	1.43
ORAL SURGERY	47	149	7,721.00	51.82	.024	164.28	1.25
DRUGS	4	8	120.00	15.00	.001	30.00	.02
ANESTHESIA	7	7	700.00	100.00	.001	100.00	.11
PERIODONTICS	16	16	1,559.00	97.44	.003	97.44	.25
ENDODONTICS	14	15	2,935.00	195.67	.002	209.64	.48
RESTORATIVE DENTISTRY	70	133	8,390.00	63.08	.022	119.86	1.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	56	136	19,695.00	144.82	.022	351.70	3.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	30	.00	.00	.005	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,134
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

						----- MONTHLY AVERAGE -----			
6,159 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	158	415	\$	9,735.38	\$ 23.46	.067	\$ 61.62	\$ 1.58	
DIAGNOSTIC AND ANC. PROCED	29	31		1,123.71	36.25	.005	38.75	.18	
EYE APPLIANCES	125	352		8,044.88	22.85	.057	64.36	1.31	
OTHER OPTOMETRIC SERVICES	21	32		566.79	17.71	.005	26.99	.09	
@CHIROPRACTOR	14	19	\$	303.30	\$ 15.96	.003	\$ 21.66	\$.05	
VISITS	4	8		125.40	15.68	.001	31.35	.02	
OTHER SERVICES	10	11		177.90	16.17	.002	17.79	.03	
@PODIATRIST	10	17	\$	162.30	\$ 9.55	.003	\$ 16.23	\$.03	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	10	17		162.30	9.55	.003	16.23	.03	
@HOME HEALTH AGENCY	1	3	\$	224.58	\$ 74.86	.000	\$ 224.58	\$.04	
NURSE ANESTHESIST	1	1	\$	8.98	\$ 8.98	.000	\$ 8.98	\$.00	
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3	5	\$	56.63	\$ 11.33	.001	\$ 18.88	\$.01	
@TOTAL HOSPITAL	413	1,719	\$	210,263.97	\$ 122.32	.279	\$ 509.11	\$ 34.14	
HOSP INPATIENT TOTAL	120	25		162,864.01	6514.56	.004	1357.20	26.44	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	3	25		48,005.44	1920.22	.004	16001.81	7.79	
ACCOMMODATIONS	3	25		12,791.04	511.64	.004	4263.68	2.08	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	25		12,791.04	511.64	.004	4263.68	2.08	
ANCILLARIES	3	0		35,214.40	.00	.000	11738.13	5.72	
INPATIENT CROSSOVERS	117	0		114,858.57	.00	.000	981.70	18.65	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	308	1,694		47,399.96	27.98	.275	153.90	7.70	
MEDICAL	11	26		819.36	31.51	.004	74.49	.13	
SURGERY	2	2		8.46	4.23	.000	4.23	.00	
PATHOLOGY	6	16		214.57	13.41	.003	35.76	.03	
RADIOLOGY	2	3		73.72	24.57	.000	36.86	.01	
ROOM USE	9	16		488.31	30.52	.003	54.26	.08	
CROSSOVERS/ALL OTH OUTPTNT	296	1,631		45,795.54	28.08	.265	154.71	7.44	
@COUNTY HOSPITAL TOTAL	1	0	\$	12.06	\$.00	.000	\$ 12.06	\$.00	
CO HOSPITAL INPATIENT TOTAL	1	0		12.06	.00	.000	12.06	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	1	0	12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,135
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL						

				----- MONTHLY AVERAGE -----				
6,159 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	412	1,719	\$ 210,251.91	\$ 122.31	.279	\$ 510.32	\$ 34.14	
COMM HOSP INPATIENT TOTAL	119	25	162,851.95	6514.08	.004	1368.50	26.44	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	25	48,005.44	1920.22	.004	16001.81	7.79	
ACCOMMODATIONS	3	25	12,791.04	511.64	.004	4263.68	2.08	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	25	12,791.04	511.64	.004	4263.68	2.08	
ANCILLARIES	3	0	35,214.40	.00	.000	11738.13	5.72	
INPATIENT CROSSOVERS	116	0	114,846.51	.00	.000	990.06	18.65	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	308	1,694	47,399.96	27.98	.275	153.90	7.70	
MEDICAL	11	26	819.36	31.51	.004	74.49	.13	
SURGERY	2	2	8.46	4.23	.000	4.23	.00	
PATHOLOGY	6	16	214.57	13.41	.003	35.76	.03	
RADIOLOGY	2	3	73.72	24.57	.000	36.86	.01	
ROOM USE	9	16	488.31	30.52	.003	54.26	.08	

CROSSOVERS/ALL OTH OUTPTNT	296	1,631		45,795.54		28.08	.265	154.71	7.44
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	84	1,206	\$	225,738.47	\$	187.18	.196	\$ 2687.36	\$ 36.65
LEV A-INTERMEDIATE	6	122		10,923.88		89.54	.020	1820.65	1.77
LEV B-REHAB MD	9	324		40,598.63		125.30	.053	4510.96	6.59
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	69	760		174,215.96		229.23	.123	2524.87	28.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	1,313.76	\$	.00	.000	\$.00	\$.21
ICF DDH	0	0		1,313.76		.00	.000	.00	.21
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	27	\$	15,213.76	\$	563.47	.004	\$ 760.69	\$ 2.47
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	20	27		15,213.76		563.47	.004	760.69	2.47
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	82	168	\$	1,715.54	\$	10.21	.027	\$ 20.92	\$.28
PATHOLOGY	21	67		752.34		11.23	.011	35.83	.12
XO AND OTHERS	61	101		963.20		9.54	.016	15.79	.16
@ORGANIZED OUTPATIENT CLINIC	1,325	2,190	\$	95,032.50	\$	43.39	.356	\$ 71.72	\$ 15.43
CLINIC	2	2		37.79		18.90	.000	18.90	.01
SURGICENTER	37	65		11,008.35		169.36	.011	297.52	1.79
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,296	2,123		83,986.36		39.56	.345	64.80	13.64

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,136
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

						----- MONTHLY AVERAGE -----		
6,159 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,277	32,102	\$ 212,784.99	\$ 6.63	5.212	\$ 166.63	\$ 34.55	
DURABLE MED. EQUIP.	83	179	37,409.75	208.99	.029	450.72	6.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	45	88	14,213.45	161.52	.014	315.85	2.31	
MEDICAL TRANSPORTATION	122	2,404	13,776.25	5.73	.390	112.92	2.24	
AMBULANCES/AIR TRANS	5	10	199.50	19.95	.002	39.90	.03	
OTHER TRANS	105	2,230	12,016.50	5.39	.362	114.44	1.95	
OTHER SERVICES	26	164	1,560.25	9.51	.027	60.01	.25	
ACUPUNCTURE	7	16	270.13	16.88	.003	38.59	.04	
ADULT DAY HEALTH CARE CTR	43	635	44,204.18	69.61	.103	1028.00	7.18	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	164	1,754	57,314.88	32.68	.285	349.48	9.31	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	163	384	4,589.85	11.95	.062	28.16	.75	
PHYSICAL THERAPIST	1	18	243.47	13.53	.003	243.47	.04	
PORTABLE X-RAY	2	6	6.32	1.05	.001	3.16	.00	
PROSTHETIST/ORTHOTISTS	10	28	668.47	23.87	.005	66.85	.11	
PROSTHETICS	10	28	668.47	23.87	.005	66.85	.11	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.01	
SPEECH AND AUDIOLOGY	28	50	4,326.37	86.53	.008	154.51	.70	

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	779	26,539		35,723.38	1.35	4.309	45.86	5.80
@CALIF. CHILDREN SERVICES*	1	1	\$	94.34	\$	94.34	\$	94.34
@XOVER EXCLUDING STATE HOSP**	2,072	24,780	\$	361,510.69	\$	14.59	4.023	\$
							174.47	\$
								58.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,137

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

						----- MONTHLY AVERAGE -----		
2,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,348	130,972	\$ 1,382,660.71	\$ 10.56	50.962	\$ 588.87	\$ 538.00	
@PHYSICIANS SERVICES	471	1,247	\$ 17,951.72	\$ 14.40	.485	\$ 38.11	\$ 6.99	
OUTPATIENT VISITS	3	1	44.35CR	44.35CR	.000	14.78CR	.02CR	
OFFICE VISITS	2	2	24.00	12.00	.001	12.00	.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1CR	68.35CR	68.35	.000	68.35CR	.03CR	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	469	1,246	17,996.07	14.44	.485	38.37	7.00	
@PHARMACY	1,799	57,011	\$ 632,932.21	\$ 11.10	22.183	\$ 351.82	\$ 246.28	
PRESCRIPTION DRUGS	1,750	8,676	614,438.10	70.82	3.376	351.11	239.08	
SNF/ICF	46	407	20,619.41	50.66	.158	448.25	8.02	
OUTPATIENTS	1,711	8,269	593,818.69	71.81	3.218	347.06	231.06	
MEDICAL SUPPLIES	251	48,335	18,494.11	.38	18.807	73.68	7.20	
@DENTIST	70	190	\$ 11,568.00	\$ 60.88	.074	\$ 165.26	\$ 4.50	
VISITS - DIAGNOSTIC	46	113	1,703.00	15.07	.044	37.02	.66	
ORAL SURGERY	8	17	797.00	46.88	.007	99.63	.31	

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.05
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.10
RESTORATIVE DENTISTRY	9	16	1,441.00	90.06	.006	160.11	.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	36	6,699.00	186.08	.014	418.69	2.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	450.00	225.00	.001	450.00	.18
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.001	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,138
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

2,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	52	146	\$ 4,952.05	\$ 33.92	.057	\$ 95.23	\$ 1.93
DIAGNOSTIC AND ANC. PROCED	4	4	138.50	34.63	.002	34.63	.05
EYE APPLIANCES	37	114	4,407.21	38.66	.044	119.11	1.71
OTHER OPTOMETRIC SERVICES	13	28	406.34	14.51	.011	31.26	.16
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	20	\$ 157.44	\$ 7.87	.008	\$ 9.84	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	20	157.44	7.87	.008	9.84	.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	6	37.12	6.19	.002	18.56	.01
@TOTAL HOSPITAL	168	694	\$ 66,383.01	\$ 95.65	.270	\$ 395.14	\$ 25.83
HOSP INPATIENT TOTAL	53	0	49,631.39	.00	.000	936.44	19.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	53	0	49,631.39	.00	.000	936.44	19.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	120	694	16,751.62	24.14	.270	139.60	6.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	120	694	16,751.62	24.14	.270	139.60	6.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,139
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
2,570 ELIGIBLES					
@COMMUNITY HOSPITAL TOTAL	168	694	\$ 66,383.01	\$ 95.65	.270 \$ 395.14 \$ 25.83
COMM HOSP INPATIENT TOTAL	53	0	49,631.39	.00	.000 936.44 19.31
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	53	0	49,631.39	.00	.000 936.44 19.31
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	120	694	16,751.62	24.14	.270 139.60 6.52
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	120	694	16,751.62	24.14	.270 139.60 6.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	112	2,304	\$ 303,879.37	\$ 131.89	.896 \$ 2713.21 \$ 118.24
LEV A-INTERMEDIATE	9	213	19,479.42	91.45	.083 2164.38 7.58
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	103	2,091	284,399.95	136.01	.814 2761.16 110.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	25	31	\$ 13,961.09	\$ 450.36	.012 \$ 558.44 \$ 5.43
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	25	31	13,961.09	450.36	.012 558.44 5.43

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	36	96	\$	657.61	\$	6.85	.037	\$	18.27	\$	.26
PATHOLOGY	3	11		175.63		15.97	.004		58.54		.07
XO AND OTHERS	33	85		481.98		5.67	.033		14.61		.19
@ORGANIZED OUTPATIENT CLINIC	251	434	\$	15,653.29	\$	36.07	.169	\$	62.36	\$	6.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	15	23		3,677.99		159.91	.009		245.20		1.43
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	240	411		11,975.30		29.14	.160		49.90		4.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,140
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

2,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	959	68,793	\$ 314,527.80	\$ 4.57	26.768	\$ 327.97	\$ 122.38
DURABLE MED. EQUIP.	47	186	39,046.09	209.93	.072	830.77	15.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	41	8,334.76	203.29	.016	333.39	3.24
MEDICAL TRANSPORTATION	109	5,054	20,040.26	3.97	1.967	183.86	7.80
AMBULANCES/AIR TRANS	5	15	270.03	18.00	.006	54.01	.11
OTHER TRANS	103	4,967	19,457.33	3.92	1.933	188.91	7.57
OTHER SERVICES	20	72	312.90	4.35	.028	15.65	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	120	1,549	107,807.26	69.60	.603	898.39	41.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	304	2,370	105,582.03	44.55	.922	347.31	41.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	49	118	1,510.52	12.80	.046	30.83	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	1	1	27.52	27.52	.000	27.52	.01
PROSTHETICS	1	1	27.52	27.52	.000	27.52	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7	842.62	120.37	.003	168.52	.33
HOSPICE SERVICES	0	0	12.51	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	589	59,466	31,323.58	.53	23.139	53.18	12.19
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	998	10,303	153,422.72	14.89	4.009	153.73	59.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,141
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100	8,579	\$ 72,826.09	\$ 8.49	75.920	\$ 728.26	\$ 644.48
@PHYSICIANS SERVICES	23	152	\$ 809.65	\$ 5.33	1.345	\$ 35.20	\$ 7.17
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	152	809.65	5.33	1.345	35.20	7.17
@PHARMACY	88	3,163	\$ 49,228.80	\$ 15.56	27.991	\$ 559.42	\$ 435.65
PRESCRIPTION DRUGS	84	469	48,447.01	103.30	4.150	576.75	428.73

SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	84	469		48,447.01	103.30	4.150	576.75	428.73
MEDICAL SUPPLIES	20	2,694		781.79	.29	23.841	39.09	6.92
@DENTIST	4	5	\$	535.00	\$ 107.00	.044	\$ 133.75	\$ 4.73
VISITS - DIAGNOSTIC	3	3		40.00	13.33	.027	13.33	.35
ORAL SURGERY	1	1		45.00	45.00	.009	45.00	.40
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	1		450.00	450.00	.009	225.00	3.98
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,142
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5 \$	1,236.33	\$ 247.27	.044	\$ 618.17	\$ 10.94
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	5	1,236.33	247.27	.044	618.17	10.94
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	17 \$	2,348.21	\$ 138.13	.150	\$ 391.37	\$ 20.78
HOSP INPATIENT TOTAL	2	0	2,130.00	.00	.000	1065.00	18.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	2,130.00	.00	.000	1065.00	18.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	17	218.21	12.84	.150	54.55	1.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	17	218.21	12.84	.150	54.55	1.93
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,143
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	17	\$ 2,348.21	\$ 138.13	.150	\$ 391.37	\$ 20.78
COMM HOSP INPATIENT TOTAL	2	0	2,130.00	.00	.000	1065.00	18.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	2,130.00	.00	.000	1065.00	18.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	17	218.21	12.84	.150	54.55	1.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	17	218.21	12.84	.150	54.55	1.93
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$ 3,709.50	\$.00	.000	\$ 1854.75	\$ 32.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	0	3,709.50	.00	.000	1854.75	32.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	4	\$ 18.16	\$ 4.54	.035	\$ 18.16	\$.16
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	4	18.16	4.54	.035	18.16	.16
@ORGANIZED OUTPATIENT CLINIC	13	20	\$ 808.08	\$ 40.40	.177	\$ 62.16	\$ 7.15
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	404.54	202.27	.018	404.54	3.58
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	18	403.54	22.42	.159	33.63	3.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,144
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	53	5,213	\$ 14,132.36	\$ 2.71	46.133	\$ 266.65	\$ 125.07
DURABLE MED. EQUIP.	6	9	389.18	43.24	.080	64.86	3.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,282.03	641.02	.018	641.02	11.35
MEDICAL TRANSPORTATION	8	93	486.75	5.23	.823	60.84	4.31
AMBULANCES/AIR TRANS	1	1	30.00	30.00	.009	30.00	.27
OTHER TRANS	8	91	444.89	4.89	.805	55.61	3.94
OTHER SERVICES	1	1	11.86	11.86	.009	11.86	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	284	9,993.88	35.19	2.513	499.69	88.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	40.76	10.19	.035	20.38	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	4,821	1,939.76	.40	42.664	69.28	17.17
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	44	290	\$ 8,691.70	\$ 29.97	2.566	\$ 197.54	\$ 76.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

					AID CODE 68	----- MONTHLY AVERAGE -----		
1,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,034	73,844	\$ 1,986,251.09	\$ 26.90	37.791	\$ 976.52	\$ 1016.51	
@PHYSICIANS SERVICES	547	2,479	\$ 118,182.22	\$ 47.67	1.269	\$ 216.06	\$ 60.48	
OUTPATIENT VISITS	144	223	9,728.50	43.63	.114	67.56	4.98	
OFFICE VISITS	101	151	4,549.65	30.13	.077	45.05	2.33	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	43	61	4,764.82	78.11	.031	110.81	2.44	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	11	11	414.03	37.64	.006	37.64	.21	
INPATIENT VISITS	47	190	8,538.07	44.94	.097	181.66	4.37	
HOSPITAL VISITS	44	185	8,122.89	43.91	.095	184.61	4.16	
CRITICAL CARE	1	2	243.20	121.60	.001	243.20	.12	
SNF/ICF/TRANS IP CARE	3	3	171.98	57.33	.002	57.33	.09	
OPHTHALMOLOGICAL SERVICES	11	11	494.82	44.98	.006	44.98	.25	
EXAMINATIONS	11	11	494.82	44.98	.006	44.98	.25	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	18	265	12,693.37	47.90	.136	705.19	6.50	
PRINCIPAL SURGEON	14	25	10,092.40	403.70	.013	720.89	5.16	
ASSISTANT SURGEON	3	3	554.39	184.80	.002	184.80	.28	
ANESTHESIOLOGIST	6	237	2,046.58	8.64	.121	341.10	1.05	
OUTPATIENT SURGERY	18	126	4,490.44	35.64	.064	249.47	2.30	
PRINCIPAL SURGEON	16	20	4,181.65	209.08	.010	261.35	2.14	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	106	308.79	2.91	.054	154.40	.16	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	15	36	334.05	9.28	.018	22.27	.17	

RADIOLOGY	109	314		37,374.02	119.03	.161	342.88	19.13
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	213		28,274.71	132.75	.109	2570.43	14.47
OTHER SERVICES/ALL X-OVERS	373	1,101		16,254.24	14.76	.563	43.58	8.32
@PHARMACY	1,543	39,558	\$	1,070,674.60	\$ 27.07	20.245	\$ 693.89	\$ 547.94
PRESCRIPTION DRUGS	1,484	8,570		1,032,830.62	120.52	4.386	695.98	528.57
SNF/ICF	10	58		5,183.98	89.38	.030	518.40	2.65
OUTPATIENTS	1,476	8,512		1,027,646.64	120.73	4.356	696.24	525.92
MEDICAL SUPPLIES	301	30,988		37,843.98	1.22	15.859	125.73	19.37
@DENTIST	71	319	\$	15,425.00	\$ 48.35	.163	\$ 217.25	\$ 7.89
VISITS - DIAGNOSTIC	44	177		2,297.00	12.98	.091	52.20	1.18
ORAL SURGERY	11	47		2,081.00	44.28	.024	189.18	1.06
DRUGS	1	2		30.00	15.00	.001	30.00	.02
ANESTHESIA	3	3		300.00	100.00	.002	100.00	.15
PERIODONTICS	5	5		590.00	118.00	.003	118.00	.30
ENDODONTICS	5	7		1,710.00	244.29	.004	342.00	.88
RESTORATIVE DENTISTRY	16	45		3,257.00	72.38	.023	203.56	1.67
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	19		4,860.00	255.79	.010	607.50	2.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.001	300.00	.15
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	13		.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOPO24	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
				AID CODE 68		PAGE 14,146		
						03/14/05		

1,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	49	135	\$ 3,271.79	\$ 24.24	.069	\$ 66.77	\$ 1.67
DIAGNOSTIC AND ANC. PROCED	9	9	375.35	41.71	.005	41.71	.19
EYE APPLIANCES	42	117	2,815.32	24.06	.060	67.03	1.44
OTHER OPTOMETRIC SERVICES	6	9	81.12	9.01	.005	13.52	.04
@CHIROPRACTOR	13	22	\$ 367.84	\$ 16.72	.011	\$ 28.30	\$.19
VISITS	11	19	317.68	16.72	.010	28.88	.16
OTHER SERVICES	2	3	50.16	16.72	.002	25.08	.03
@PODIATRIST	4	4	\$ 13.04	\$ 3.26	.002	\$ 3.26	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	13.04	3.26	.002	3.26	.01
@HOME HEALTH AGENCY	48	2,418	\$ 77,436.13	\$ 32.02	1.237	\$ 1613.25	\$ 39.63
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	227	1,512	\$ 383,786.76	\$ 253.83	.774	\$ 1690.69	\$ 196.41
HOSP INPATIENT TOTAL	56	199	346,603.66	1741.73	.102	6189.35	177.38
HSC HOSPITALS	4	17	23,288.00	1369.88	.009	5822.00	11.92
NON-HSC HOSPITAL TOTAL	32	182	304,456.64	1672.84	.093	9514.27	155.81
ACCOMMODATIONS	32	182	81,868.11	449.82	.093	2558.38	41.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	182	81,868.11	449.82	.093	2558.38	41.90
ANCILLARIES	32	0	222,588.53	.00	.000	6955.89	113.91

INPATIENT CROSSOVERS	20	0	18,859.02	.00	.000	942.95	9.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	186	1,313	37,183.10	28.32	.672	199.91	19.03
MEDICAL	41	88	3,073.00	34.92	.045	74.95	1.57
SURGERY	20	20	545.11	27.26	.010	27.26	.28
PATHOLOGY	36	208	2,315.83	11.13	.106	64.33	1.19
RADIOLOGY	31	41	2,762.11	67.37	.021	89.10	1.41
ROOM USE	54	73	2,775.65	38.02	.037	51.40	1.42
CROSSOVERS/ALL OTH OUTPTNT	137	883	25,711.40	29.12	.452	187.67	13.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,147
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	227	1,512	\$ 383,786.76	\$ 253.83	.774	\$ 1690.69	\$ 196.41
COMM HOSP INPATIENT TOTAL	56	199	346,603.66	1741.73	.102	6189.35	177.38
HSC HOSPITALS	4	17	23,288.00	1369.88	.009	5822.00	11.92
NON-HSC HOSPITALS TOTAL	32	182	304,456.64	1672.84	.093	9514.27	155.81
ACCOMMODATIONS	32	182	81,868.11	449.82	.093	2558.38	41.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	182	81,868.11	449.82	.093	2558.38	41.90
ANCILLARIES	32	0	222,588.53	.00	.000	6955.89	113.91
INPATIENT CROSSOVERS	20	0	18,859.02	.00	.000	942.95	9.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	186	1,313	37,183.10	28.32	.672	199.91	19.03
MEDICAL	41	88	3,073.00	34.92	.045	74.95	1.57
SURGERY	20	20	545.11	27.26	.010	27.26	.28
PATHOLOGY	36	208	2,315.83	11.13	.106	64.33	1.19
RADIOLOGY	31	41	2,762.11	67.37	.021	89.10	1.41
ROOM USE	54	73	2,775.65	38.02	.037	51.40	1.42
CROSSOVERS/ALL OTH OUTPTNT	137	883	25,711.40	29.12	.452	187.67	13.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	229	\$ 70,274.78	\$ 306.88	.117	\$ 2810.99	\$ 35.96
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	1	16		8,850.40	553.15	.008	8850.40	4.53	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	24	213		61,424.38	288.38	.109	2559.35	31.44	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	4	4	\$	1,481.59	\$ 370.40	.002	\$ 370.40	\$.76	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	4	4		1,481.59	370.40	.002	370.40	.76	
@REHABILITATION FACILITY	14	159	\$	1,793.01	\$ 11.28	.081	\$ 128.07	\$.92	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	14	159		1,793.01	11.28	.081	128.07	.92	
@LABORATORY FACILITY	106	404	\$	4,973.27	\$ 12.31	.207	\$ 46.92	\$ 2.55	
PATHOLOGY	93	383		4,834.11	12.62	.196	51.98	2.47	
XO AND OTHERS	13	21		139.16	6.63	.011	10.70	.07	
@ORGANIZED OUTPATIENT CLINIC	506	992	\$	70,637.61	\$ 71.21	.508	\$ 139.60	\$ 36.15	
CLINIC	1	1		31.00	31.00	.001	31.00	.02	
SURGICENTER	3	12		826.68	68.89	.006	275.56	.42	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	504	979		69,779.93	71.28	.501	138.45	35.71	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,148
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

1,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	676	25,609	\$ 167,933.45	\$ 6.56	13.106	\$ 248.42	\$ 85.94
DURABLE MED. EQUIP.	86	232	44,586.24	192.18	.119	518.44	22.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	30	2,685.13	89.50	.015	179.01	1.37
MEDICAL TRANSPORTATION	95	1,753	11,759.01	6.71	.897	123.78	6.02
AMBULANCES/AIR TRANS	25	169	3,454.71	20.44	.086	138.19	1.77
OTHER TRANS	71	1,585	6,513.83	4.11	.811	91.74	3.33
OTHER SERVICES	6	1CR	1,790.47	1790.47CR	.001CR	298.41	.92
ACUPUNCTURE	4	7	113.54	16.22	.004	28.39	.06
ADULT DAY HEALTH CARE CTR	33	421	29,293.18	69.58	.215	887.67	14.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	58	334	23,937.21	71.67	.171	412.71	12.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	52	132	1,494.90	11.33	.068	28.75	.77
PHYSICAL THERAPIST	10	125	1,458.21	11.67	.064	145.82	.75
PORTABLE X-RAY	1	4	98.94	24.74	.002	98.94	.05
PROSTHETIST/ORTHOTISTS	18	68	7,920.89	116.48	.035	440.05	4.05
PROSTHETICS	18	68	7,920.89	116.48	.035	440.05	4.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.001	46.44	.02
SPEECH AND AUDIOLOGY	5	6	215.53	35.92	.003	43.11	.11
HOSPICE SERVICES	3	52	6,915.48	132.99	.027	2305.16	3.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	1,491	8,008.97	5.37	.763	381.38	4.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	378	20,953		29,399.78		1.40	10.723	77.78	15.05
@CALIF. CHILDREN SERVICES*	41	449	\$	66,840.46	\$	148.87	.230	\$ 1630.26	\$ 34.21
@XOVER EXCLUDING STATE HOSP**	629	9,352	\$	104,571.66	\$	11.18	4.786	\$ 166.25	\$ 53.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,637 ELIGIBLES							
@TOTAL, ALL PROVIDERS	4,482	213,395	\$ 3,441,737.89	\$ 16.13	46.020	\$ 767.90	\$ 742.23
@PHYSICIANS SERVICES	1,041	3,878	\$ 136,943.59	\$ 35.31	.836	\$ 131.55	\$ 29.53
OUTPATIENT VISITS	147	224	9,684.15	43.23	.048	65.88	2.09
OFFICE VISITS	103	153	4,573.65	29.89	.033	44.40	.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	60	4,696.47	78.27	.013	106.74	1.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	11	414.03	37.64	.002	37.64	.09
INPATIENT VISITS	47	190	8,538.07	44.94	.041	181.66	1.84
HOSPITAL VISITS	44	185	8,122.89	43.91	.040	184.61	1.75
CRITICAL CARE	1	2	243.20	121.60	.000	243.20	.05
SNF/ICF/TRANS IP CARE	3	3	171.98	57.33	.001	57.33	.04
OPHTHALMOLOGICAL SERVICES	11	11	494.82	44.98	.002	44.98	.11
EXAMINATIONS	11	11	494.82	44.98	.002	44.98	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	265	12,693.37	47.90	.057	705.19	2.74
PRINCIPAL SURGEON	14	25	10,092.40	403.70	.005	720.89	2.18
ASSISTANT SURGEON	3	3	554.39	184.80	.001	184.80	.12
ANESTHESIOLOGIST	6	237	2,046.58	8.64	.051	341.10	.44
OUTPATIENT SURGERY	18	126	4,490.44	35.64	.027	249.47	.97
PRINCIPAL SURGEON	16	20	4,181.65	209.08	.004	261.35	.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	106	308.79	2.91	.023	154.40	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	36	334.05	9.28	.008	22.27	.07
RADIOLOGY	109	314	37,374.02	119.03	.068	342.88	8.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	213	28,274.71	132.75	.046	2570.43	6.10
OTHER SERVICES/ALL X-OVERS	865	2,499	35,059.96	14.03	.539	40.53	7.56
@PHARMACY	3,430	99,732	\$ 1,752,835.61	\$ 17.58	21.508	\$ 511.03	\$ 378.01
PRESCRIPTION DRUGS	3,318	17,715	1,695,715.73	95.72	3.820	511.07	365.69
SNF/ICF	56	465	25,803.39	55.49	.100	460.77	5.56
OUTPATIENTS	3,271	17,250	1,669,912.34	96.81	3.720	510.52	360.13
MEDICAL SUPPLIES	572	82,017	57,119.88	.70	17.688	99.86	12.32
@DENTIST	145	514	\$ 27,528.00	\$ 53.56	.111	\$ 189.85	\$ 5.94
VISITS - DIAGNOSTIC	93	293	4,040.00	13.79	.063	43.44	.87
ORAL SURGERY	20	65	2,923.00	44.97	.014	146.15	.63
DRUGS	1	2	30.00	15.00	.000	30.00	.01
ANESTHESIA	4	4	400.00	100.00	.001	100.00	.09
PERIODONTICS	6	6	708.00	118.00	.001	118.00	.15
ENDODONTICS	6	8	1,970.00	246.25	.002	328.33	.42
RESTORATIVE DENTISTRY	25	61	4,698.00	77.02	.013	187.92	1.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	26	56	12,009.00	214.45	.012	461.88	2.59
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	3	750.00	250.00	.001	375.00	.16
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	14	.00	.00	.003	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,637 ELIGIBLES							
@OPTOMETRIST	103	286	\$ 9,460.17	\$ 33.08	.062	\$ 91.85	\$ 2.04
DIAGNOSTIC AND ANC. PROCED	13	13	513.85	39.53	.003	39.53	.11
EYE APPLIANCES	81	236	8,458.86	35.84	.051	104.43	1.82
OTHER OPTOMETRIC SERVICES	19	37	487.46	13.17	.008	25.66	.11
@CHIROPRACTOR	13	22	\$ 367.84	\$ 16.72	.005	\$ 28.30	\$.08
VISITS	11	19	317.68	16.72	.004	28.88	.07
OTHER SERVICES	2	3	50.16	16.72	.001	25.08	.01
@PODIATRIST	20	24	\$ 170.48	\$ 7.10	.005	\$ 8.52	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	20	24	170.48	7.10	.005	8.52	.04
@HOME HEALTH AGENCY	48	2,418	\$ 77,436.13	\$ 32.02	.521	\$ 1613.25	\$ 16.70
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	6	37.12	6.19	.001	18.56	.01
@TOTAL HOSPITAL	401	2,223	\$ 452,517.98	\$ 203.56	.479	\$ 1128.47	\$ 97.59
HOSP INPATIENT TOTAL	111	199	398,365.05	2001.83	.043	3588.87	85.91
HSC HOSPITALS	4	17	23,288.00	1369.88	.004	5822.00	5.02

NON-HSC HOSPITAL TOTAL	32	182	304,456.64	1672.84	.039	9514.27	65.66
ACCOMMODATIONS	32	182	81,868.11	449.82	.039	2558.38	17.66
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	182	81,868.11	449.82	.039	2558.38	17.66
ANCILLARIES	32	0	222,588.53	.00	.000	6955.89	48.00
INPATIENT CROSSOVERS	75	0	70,620.41	.00	.000	941.61	15.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	310	2,024	54,152.93	26.76	.436	174.69	11.68
MEDICAL	41	88	3,073.00	34.92	.019	74.95	.66
SURGERY	20	20	545.11	27.26	.004	27.26	.12
PATHOLOGY	36	208	2,315.83	11.13	.045	64.33	.50
RADIOLOGY	31	41	2,762.11	67.37	.009	89.10	.60
ROOM USE	54	73	2,775.65	38.02	.016	51.40	.60
CROSSOVERS/ALL OTH OUTPTNT	261	1,594	42,681.23	26.78	.344	163.53	9.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,151
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	4,637 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	401	2,223	\$	452,517.98	\$ 203.56	.479 \$ 1128.47 \$ 97.59
COMM HOSP INPATIENT TOTAL	111	199		398,365.05	2001.83	.043 3588.87 85.91
HSC HOSPITALS	4	17		23,288.00	1369.88	.004 5822.00 5.02
NON-HSC HOSPITALS TOTAL	32	182		304,456.64	1672.84	.039 9514.27 65.66
ACCOMMODATIONS	32	182		81,868.11	449.82	.039 2558.38 17.66
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00 .00
ALL OTHER ACCOM	32	182		81,868.11	449.82	.039 2558.38 17.66
ANCILLARIES	32	0		222,588.53	.00	.000 6955.89 48.00
INPATIENT CROSSOVERS	75	0		70,620.41	.00	.000 941.61 15.23
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	310	2,024		54,152.93	26.76	.436 174.69 11.68
MEDICAL	41	88		3,073.00	34.92	.019 74.95 .66
SURGERY	20	20		545.11	27.26	.004 27.26 .12
PATHOLOGY	36	208		2,315.83	11.13	.045 64.33 .50
RADIOLOGY	31	41		2,762.11	67.37	.009 89.10 .60
ROOM USE	54	73		2,775.65	38.02	.016 51.40 .60

CROSSOVERS/ALL OTH OUTPTNT	261	1,594		42,681.23		26.78	.344	163.53	9.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	139	2,533	\$	377,863.65	\$	149.18	.546	\$ 2718.44	\$ 81.49
LEV A-INTERMEDIATE	9	213		19,479.42		91.45	.046	2164.38	4.20
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	16		8,850.40		553.15	.003	8850.40	1.91
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	129	2,304		349,533.83		151.71	.497	2709.56	75.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	35	\$	15,442.68	\$	441.22	.008	\$ 532.51	\$ 3.33
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	29	35		15,442.68		441.22	.008	532.51	3.33
@REHABILITATION FACILITY	14	159	\$	1,793.01	\$	11.28	.034	\$ 128.07	\$.39
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	14	159		1,793.01		11.28	.034	128.07	.39
@LABORATORY FACILITY	143	504	\$	5,649.04	\$	11.21	.109	\$ 39.50	\$ 1.22
PATHOLOGY	96	394		5,009.74		12.72	.085	52.18	1.08
XO AND OTHERS	47	110		639.30		5.81	.024	13.60	.14
@ORGANIZED OUTPATIENT CLINIC	770	1,446	\$	87,098.98	\$	60.23	.312	\$ 113.12	\$ 18.78
CLINIC	1	1		31.00		31.00	.000	31.00	.01
SURGICENTER	19	37		4,909.21		132.68	.008	258.38	1.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	756	1,408		82,158.77		58.35	.304	108.68	17.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,152
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	4,637 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,688	99,615	\$	496,593.61	\$ 4.99	21.483	\$ 294.19	\$ 107.09
DURABLE MED. EQUIP.	139	427		84,021.51	196.77	.092	604.47	18.12
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	42	73		12,301.92	168.52	.016	292.90	2.65
MEDICAL TRANSPORTATION	212	6,900		32,286.02	4.68	1.488	152.29	6.96
AMBULANCES/AIR TRANS	31	185		3,754.74	20.30	.040	121.12	.81
OTHER TRANS	182	6,643		26,416.05	3.98	1.433	145.14	5.70
OTHER SERVICES	27	72		2,115.23	29.38	.016	78.34	.46
ACUPUNCTURE	4	7		113.54	16.22	.002	28.39	.02
ADULT DAY HEALTH CARE CTR	153	1,970		137,100.44	69.59	.425	896.08	29.57
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	382	2,988		139,513.12	46.69	.644	365.22	30.09
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	103	254		3,046.18	11.99	.055	29.57	.66
PHYSICAL THERAPIST	10	125		1,458.21	11.67	.027	145.82	.31
PORTABLE X-RAY	2	5		99.59	19.92	.001	49.80	.02
PROSTHETIST/ORTHOTISTS	19	69		7,948.41	115.19	.015	418.34	1.71
PROSTHETICS	19	69		7,948.41	115.19	.015	418.34	1.71
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		46.44	46.44	.000	46.44	.01
SPEECH AND AUDIOLOGY	10	13		1,058.15	81.40	.003	105.82	.23

HOSPICE SERVICES	3	52		6,927.99	133.23	.011	2309.33	1.49
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	1,491		8,008.97	5.37	.322	381.38	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	995	85,240		62,663.12	.74	18.383	62.98	13.51
@CALIF. CHILDREN SERVICES*	41	449	\$	66,840.46	\$ 148.87	.097	\$ 1630.26	\$ 14.41
@XOVER EXCLUDING STATE HOSP**	1,671	19,945	\$	266,686.08	\$ 13.37	4.301	\$ 159.60	\$ 57.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,153
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED		

	16,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,566		404,114	\$ 7,258,732.71	\$ 17.96	23.853	\$ 498.33	\$ 428.45
@PHYSICIANS SERVICES	3,203		9,980	\$ 145,409.53	\$ 14.57	.589	\$ 45.40	\$ 8.58
OUTPATIENT VISITS	21		23	425.18	18.49	.001	20.25	.03
OFFICE VISITS	17		20	284.24	14.21	.001	16.72	.02
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4		2	140.94	70.47	.000	35.24	.01
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1		1	.00	.00	.000	.00	.00
INPATIENT VISITS	1		0	37.80CR	.00	.000	37.80CR	.00
HOSPITAL VISITS	1		0	37.80CR	.00	.000	37.80CR	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2		2	88.57	44.29	.000	44.29	.01
EXAMINATIONS	2		2	88.57	44.29	.000	44.29	.01
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4		4	516.94	129.24	.000	129.24	.03
PRINCIPAL SURGEON	3		3	427.00	142.33	.000	142.33	.03
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1		1	89.94	89.94	.000	89.94	.01
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	2		2	51.83	25.92	.000	25.92	.00
RADIOLOGY	4		4	449.90	112.48	.000	112.48	.03
PSYCHIATRY	0		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2		2	17.60	8.80	.000	8.80	.00
OTHER SERVICES/ALL X-OVERS	3,182		9,943	143,897.31	14.47	.587	45.22	8.49
@PHARMACY	12,073		212,127	\$ 4,089,436.37	\$ 19.28	12.521	\$ 338.73	\$ 241.38
PRESCRIPTION DRUGS	11,895		55,031	3,987,985.11	72.47	3.248	335.27	235.39
SNF/ICF	319		2,352	122,257.58	51.98	.139	383.25	7.22
OUTPATIENTS	11,606		52,679	3,865,727.53	73.38	3.109	333.08	228.17
MEDICAL SUPPLIES	1,236		157,096	101,451.26	.65	9.273	82.08	5.99
@DENTIST	560		2,108	\$ 98,288.90	\$ 46.63	.124	\$ 175.52	\$ 5.80
VISITS - DIAGNOSTIC	355		1,333	15,881.90	11.91	.079	44.74	.94
ORAL SURGERY	69		214	10,543.00	49.27	.013	152.80	.62

DRUGS	3	4	45.00	11.25	.000	15.00	.00
ANESTHESIA	4	4	400.00	100.00	.000	100.00	.02
PERIODONTICS	27	28	2,748.00	98.14	.002	101.78	.16
ENDODONTICS	10	12	2,875.00	239.58	.001	287.50	.17
RESTORATIVE DENTISTRY	99	203	13,759.00	67.78	.012	138.98	.81
PROSTHETICS	6	7	210.00	30.00	.000	35.00	.01
DENTURES, STAYPLATES	140	287	51,352.00	178.93	.017	366.80	3.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	3	475.00	158.33	.000	237.50	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	11	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,154
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

16,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	407	1,176	\$ 24,747.92	\$ 21.04	.069	\$ 60.81	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	45	48	1,523.89	31.75	.003	33.86	.09
EYE APPLIANCES	303	911	20,058.70	22.02	.054	66.20	1.18
OTHER OPTOMETRIC SERVICES	98	217	3,165.33	14.59	.013	32.30	.19
@CHIROPRACTOR	17	25	\$ 380.99	\$ 15.24	.001	\$ 22.41	\$.02
VISITS	5	9	150.48	16.72	.001	30.10	.01
OTHER SERVICES	14	16	230.51	14.41	.001	16.47	.01
@PODIATRIST	51	68	\$ 565.70	\$ 8.32	.004	\$ 11.09	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	51	68	565.70	8.32	.004	11.09	.03
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	13	31.60	2.43	.001	31.60	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	17	111.90	6.58	.001	22.38	.01
@TOTAL HOSPITAL	975	4,097	\$ 578,572.88	\$ 141.22	.242	\$ 593.41	\$ 34.15
HOSP INPATIENT TOTAL	297	215	467,845.48	2176.03	.013	1575.24	27.61
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	31	215	237,780.59	1105.96	.013	7670.34	14.03
ACCOMMODATIONS	31	215	75,490.37	351.12	.013	2435.17	4.46
ADMINISTRATIVE DAYS	2	22	4,670.80	212.31	.001	2335.40	.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	193	70,819.57	366.94	.011	2360.65	4.18
ANCILLARIES	31	0	162,290.22	.00	.000	5235.17	9.58
INPATIENT CROSSOVERS	267	0	230,064.89	.00	.000	861.67	13.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	705	3,882	110,727.40	28.52	.229	157.06	6.54
MEDICAL	3	6	174.35	29.06	.000	58.12	.01
SURGERY	3	3	61.30	20.43	.000	20.43	.00
PATHOLOGY	3	5	35.23	7.05	.000	11.74	.00
RADIOLOGY	3	3	245.99	82.00	.000	82.00	.01
ROOM USE	5	10	367.47	36.75	.001	73.49	.02
CROSSOVERS/ALL OTH OUTPTNT	702	3,855	109,843.06	28.49	.228	156.47	6.48
@COUNTY HOSPITAL TOTAL	6	10	\$ 322.47	\$ 32.25	.001	\$ 53.75	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	10	322.47	32.25	.001	53.75	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	10	322.47	32.25	.001	53.75	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,155
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
16,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	969	4,087	\$ 578,250.41	\$ 141.49	.241	\$ 596.75	\$ 34.13	
COMM HOSP INPATIENT TOTAL	297	215	467,845.48	2176.03	.013	1575.24	27.61	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	31	215	237,780.59	1105.96	.013	7670.34	14.03	
ACCOMMODATIONS	31	215	75,490.37	351.12	.013	2435.17	4.46	
ADMINISTRATIVE DAYS	2	22	4,670.80	212.31	.001	2335.40	.28	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	30	193	70,819.57	366.94	.011	2360.65	4.18	
ANCILLARIES	31	0	162,290.22	.00	.000	5235.17	9.58	
INPATIENT CROSSOVERS	267	0	230,064.89	.00	.000	861.67	13.58	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	699	3,872		110,404.93		28.51	.229	157.95	6.52
MEDICAL	3	6		174.35		29.06	.000	58.12	.01
SURGERY	3	3		61.30		20.43	.000	20.43	.00
PATHOLOGY	3	5		35.23		7.05	.000	11.74	.00
RADIOLOGY	3	3		245.99		82.00	.000	82.00	.01
ROOM USE	5	10		367.47		36.75	.001	73.49	.02
CROSSOVERS/ALL OTH OUTPTNT	696	3,845		109,520.59		28.48	.227	157.36	6.46
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	455	8,637	\$	1,229,047.35	\$	142.30	.510	2701.20	72.54
LEV A-INTERMEDIATE	53	1,364		122,831.91		90.05	.081	2317.58	7.25
LEV B-REHAB MD	15	502		62,875.29		125.25	.030	4191.69	3.71
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	388	6,771		1,043,340.15		154.09	.400	2689.02	61.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	90	120	\$	55,292.12	\$	460.77	.007	614.36	3.26
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	90	120		55,292.12		460.77	.007	614.36	3.26
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	184	379	\$	6,676.38	\$	17.62	.022	36.28	.39
PATHOLOGY	14	30		421.32		14.04	.002	30.09	.02
XO AND OTHERS	170	349		6,255.06		17.92	.021	36.79	.37
@ORGANIZED OUTPATIENT CLINIC	2,587	4,154	\$	165,406.72	\$	39.82	.245	63.94	9.76
CLINIC	1	1		153.90		153.90	.000	153.90	.01
SURGICENTER	99	169		25,684.95		151.98	.010	259.44	1.52
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,508	3,984		139,567.87		35.03	.235	55.65	8.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,156
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
16,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,191	161,213	\$ 864,764.35	\$ 5.36	9.516	\$ 206.34	\$ 51.04	
DURABLE MED. EQUIP.	209	480	101,391.96	211.23	.028	485.13	5.98	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	216	412	58,632.77	142.31	.024	271.45	3.46	
MEDICAL TRANSPORTATION	423	20,983	70,810.42	3.37	1.239	167.40	4.18	
AMBULANCES/AIR TRANS	23	28	606.85	21.67	.002	26.38	.04	
OTHER TRANS	383	20,392	67,629.83	3.32	1.204	176.58	3.99	
OTHER SERVICES	90	563	2,573.74	4.57	.033	28.60	.15	
ACUPUNCTURE	9	28	475.78	16.99	.002	52.86	.03	
ADULT DAY HEALTH CARE CTR	235	2,934	204,175.56	69.59	.173	868.83	12.05	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	855	6,274	288,057.03	45.91	.370	336.91	17.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	428	999	12,042.64	12.05	.059	28.14	.71	
PHYSICAL THERAPIST	4	5	54.43	10.89	.000	13.61	.00	

PORTABLE X-RAY	4	10	11.51	1.15	.001	2.88	.00
PROSTHETIST/ORTHOTISTS	15	33	911.50	27.62	.002	60.77	.05
PROSTHETICS	15	33	911.50	27.62	.002	60.77	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.00
SPEECH AND AUDIOLOGY	75	114	9,918.09	87.00	.007	132.24	.59
HOSPICE SERVICES	2	65	8,255.07	127.00	.004	4127.54	.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,515	128,875	109,989.10	.85	7.607	43.73	6.49
@CALIF. CHILDREN SERVICES*	1	3	\$ 141.69	\$ 47.23	.000	\$ 141.69	\$.01
@XOVER EXCLUDING STATE HOSP**	5,746	53,616	\$ 896,645.99	\$ 16.72	3.165	\$ 156.05	\$ 52.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,157
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

1,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,506	58,607	\$ 1,484,843.62	\$ 25.34	33.243	\$ 985.95	\$ 842.23
@PHYSICIANS SERVICES	399	1,925	\$ 57,915.45	\$ 30.09	1.092	\$ 145.15	\$ 32.85
OUTPATIENT VISITS	158	229	11,560.73	50.48	.130	73.17	6.56
OFFICE VISITS	89	103	3,303.78	32.08	.058	37.12	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	74	120	8,137.26	67.81	.068	109.96	4.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	119.69	19.95	.003	23.94	.07
INPATIENT VISITS	36	141	6,093.08	43.21	.080	169.25	3.46
HOSPITAL VISITS	35	135	5,488.88	40.66	.077	156.83	3.11
CRITICAL CARE	3	6	604.20	100.70	.003	201.40	.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	16	561.77	35.11	.009	40.13	.32
EXAMINATIONS	14	16	561.77	35.11	.009	40.13	.32
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	196	7,188.84	36.68	.111	449.30	4.08
PRINCIPAL SURGEON	10	19	5,163.03	271.74	.011	516.30	2.93
ASSISTANT SURGEON	3	3	496.84	165.61	.002	165.61	.28
ANESTHESIOLOGIST	5	174	1,528.97	8.79	.099	305.79	.87
OUTPATIENT SURGERY	31	222	8,224.66	37.05	.126	265.31	4.67
PRINCIPAL SURGEON	28	30	7,108.35	236.95	.017	253.87	4.03
ASSISTANT SURGEON	1	1	408.79	408.79	.001	408.79	.23
ANESTHESIOLOGIST	5	191	707.52	3.70	.108	141.50	.40
DIALYSIS	1	2	128.76	64.38	.001	128.76	.07
PATHOLOGY	14	26	240.52	9.25	.015	17.18	.14
RADIOLOGY	100	183	10,091.08	55.14	.104	100.91	5.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	21.05	3.51	.003	7.02	.01
OTHER SERVICES/ALL X-OVERS	213	904	13,804.96	15.27	.513	64.81	7.83
@PHARMACY	1,197	23,730	\$ 461,130.59	\$ 19.43	13.460	\$ 385.24	\$ 261.56
PRESCRIPTION DRUGS	1,164	5,430	436,226.10	80.34	3.080	374.76	247.43

SNF/ICF	75	448		36,815.32	82.18	.254	490.87	20.88
OUTPATIENTS	1,099	4,982		399,410.78	80.17	2.826	363.43	226.55
MEDICAL SUPPLIES	167	18,300		24,904.49	1.36	10.380	149.13	14.13
@DENTIST	61	253	\$	10,232.00	\$ 40.44	.144	\$ 167.74	\$ 5.80
VISITS - DIAGNOSTIC	43	173		1,815.00	10.49	.098	42.21	1.03
ORAL SURGERY	7	14		1,193.00	85.21	.008	170.43	.68
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	8	8		733.00	91.63	.005	91.63	.42
ENDODONTICS	2	2		660.00	330.00	.001	330.00	.37
RESTORATIVE DENTISTRY	19	36		4,656.00	129.33	.020	245.05	2.64
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	7	15		1,145.00	76.33	.009	163.57	.65
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,158
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	59	121	\$ 10,283.18	\$ 84.98	.069	\$ 174.29	\$ 5.83
DIAGNOSTIC AND ANC. PROCED	14	16	769.57	48.10	.009	54.97	.44
EYE APPLIANCES	48	100	9,259.92	92.60	.057	192.92	5.25
OTHER OPTOMETRIC SERVICES	4	5	253.69	50.74	.003	63.42	.14
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.002	\$ 25.08	\$.03
VISITS	2	3	50.16	16.72	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	17	\$ 306.07	\$ 18.00	.010	\$ 23.54	\$.17
MEDICINE/INJECTIONS	12	15	303.65	20.24	.009	25.30	.17
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	2.42	1.21	.001	2.42	.00
@HOME HEALTH AGENCY	28	4,167	\$ 129,251.54	\$ 31.02	2.364	\$ 4616.13	\$ 73.31
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 118.70	\$ 39.57	.002	\$ 39.57	\$.07
@TOTAL HOSPITAL	161	1,222	\$ 263,395.16	\$ 215.54	.693	\$ 1635.99	\$ 149.40
HOSP INPATIENT TOTAL	35	117	240,565.87	2056.12	.066	6873.31	136.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	27	117	233,179.87	1992.99	.066	8636.29	132.26
ACCOMMODATIONS	27	117	50,152.00	428.65	.066	1857.48	28.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	117	50,152.00	428.65	.066	1857.48	28.45
ANCILLARIES	27	0	183,027.87	.00	.000	6778.81	103.82
INPATIENT CROSSOVERS	8	0	7,386.00	.00	.000	923.25	4.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	136	1,105	22,829.29	20.66	.627	167.86	12.95
MEDICAL	35	45	1,004.64	22.33	.026	28.70	.57
SURGERY	18	19	802.98	42.26	.011	44.61	.46
PATHOLOGY	39	229	2,852.62	12.46	.130	73.14	1.62

RADIOLOGY	32	38	2,284.00	60.11	.022	71.38	1.30
ROOM USE	77	136	5,572.02	40.97	.077	72.36	3.16
CROSSOVERS/ALL OTH OUTPTNT	94	638	10,313.03	16.16	.362	109.71	5.85
@COUNTY HOSPITAL TOTAL	2	2	\$ 101.67	\$ 50.84	.001	\$ 50.84	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	101.67	50.84	.001	50.84	.06
MEDICAL	1	1	66.32	66.32	.001	66.32	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.001	35.35	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					----- MONTHLY AVERAGE -----			
1,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	159	1,220	\$ 263,293.49	\$ 215.81	.692	\$ 1655.93	\$ 149.34	
COMM HOSP INPATIENT TOTAL	35	117	240,565.87	2056.12	.066	6873.31	136.45	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	27	117	233,179.87	1992.99	.066	8636.29	132.26	
ACCOMMODATIONS	27	117	50,152.00	428.65	.066	1857.48	28.45	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	27	117	50,152.00	428.65	.066	1857.48	28.45	
ANCILLARIES	27	0	183,027.87	.00	.000	6778.81	103.82	
INPATIENT CROSSOVERS	8	0	7,386.00	.00	.000	923.25	4.19	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	134	1,103	22,727.62	20.61	.626	169.61	12.89	
MEDICAL	34	44	938.32	21.33	.025	27.60	.53	
SURGERY	18	19	802.98	42.26	.011	44.61	.46	
PATHOLOGY	39	229	2,852.62	12.46	.130	73.14	1.62	
RADIOLOGY	32	38	2,284.00	60.11	.022	71.38	1.30	
ROOM USE	76	135	5,536.67	41.01	.077	72.85	3.14	
CROSSOVERS/ALL OTH OUTPTNT	94	638	10,313.03	16.16	.362	109.71	5.85	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	26	494	\$ 65,224.48	\$ 132.03	.280	\$ 2508.63	\$ 37.00	
LEV A-INTERMEDIATE	8	183	16,385.82	89.54	.104	2048.23	9.29	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	18	311	48,838.66	157.04	.176	2713.26	27.70	
@INTERMEDIATE CARE FACIL.-DD	54	1,680	\$ 318,624.98	\$ 189.66	.953	\$ 5900.46	\$ 180.73	

ICF DDH	28	821		141,389.93		172.22	.466	5049.64	80.20
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	26	859		177,235.05		206.33	.487	6816.73	100.53
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	14	254	\$	2,399.09	\$	9.45	.144	\$ 171.36	\$ 1.36
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	14	254		2,399.09		9.45	.144	171.36	1.36
@LABORATORY FACILITY	117	467	\$	5,861.15	\$	12.55	.265	\$ 50.10	\$ 3.32
PATHOLOGY	110	454		5,802.13		12.78	.258	52.75	3.29
XO AND OTHERS	7	13		59.02		4.54	.007	8.43	.03
@ORGANIZED OUTPATIENT CLINIC	426	700	\$	61,407.80	\$	87.73	.397	\$ 144.15	\$ 34.83
CLINIC	4	7		270.56		38.65	.004	67.64	.15
SURGICENTER	8	31		2,273.23		73.33	.018	284.15	1.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	418	662		58,864.01		88.92	.375	140.82	33.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND								

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03/14/05

1,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	408	23,571	\$ 98,643.27	\$ 4.18	13.370	\$ 241.77	\$ 55.95
DURABLE MED. EQUIP.	46	118	31,010.48	262.80	.067	674.14	17.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	34	3,049.00	89.68	.019	160.47	1.73
MEDICAL TRANSPORTATION	56	767	14,911.30	19.44	.435	266.27	8.46
AMBULANCES/AIR TRANS	32	456	7,480.38	16.40	.259	233.76	4.24
OTHER TRANS	25	305	1,369.70	4.49	.173	54.79	.78
OTHER SERVICES	6	6	6,061.22	1010.20	.003	1010.20	3.44
ACUPUNCTURE	3	4	64.88	16.22	.002	21.63	.04

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	53	663	20,488.93	30.90	.376	386.58	11.62
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	86	7,528.29	87.54	.049	221.42	4.27
PHYSICAL THERAPIST	2	45	537.98	11.96	.026	268.99	.31
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	9	1,812.92	201.44	.005	302.15	1.03
PROSTHETICS	6	9	1,812.92	201.44	.005	302.15	1.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	8	474.92	59.37	.005	237.46	.27
SPEECH AND AUDIOLOGY	4	11	398.20	36.20	.006	99.55	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	884	4,726.45	5.35	.501	525.16	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	218	20,942	13,639.92	.65	11.879	62.57	7.74
@CALIF. CHILDREN SERVICES*	32	498	\$ 20,715.24	\$ 41.60	.282	\$ 647.35	\$ 11.75
@XOVER EXCLUDING STATE HOSP**	293	1,704	\$ 42,494.87	\$ 24.94	.967	\$ 145.03	\$ 24.10

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,161
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

105,675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	93,837	1,849,095	\$ 73,917,974.77	\$ 39.98	17.498 \$ 787.73 \$ 699.48
@PHYSICIANS SERVICES	25,266	108,290	\$ 4,226,038.36	\$ 39.03	1.025 \$ 167.26 \$ 39.99
OUTPATIENT VISITS	10,438	14,524	683,047.78	47.03	.137 65.44 6.46
OFFICE VISITS	5,810	7,577	245,953.82	32.46	.072 42.33 2.33
HOME VISITS	4	12	438.40	36.53	.000 109.60 .00
EMERGENCY ROOM	4,935	6,497	422,326.55	65.00	.061 85.58 4.00
PREVENTIVE CARE	1	1	56.92	56.92	.000 56.92 .00
OB VISITS/COMPRE PERI	34	118	4,301.80	36.46	.001 126.52 .04
OTHER OUTPATIENT	290	319	9,970.29	31.25	.003 34.38 .09
INPATIENT VISITS	1,857	8,256	421,623.65	51.07	.078 227.05 3.99
HOSPITAL VISITS	1,529	6,912	299,134.18	43.28	.065 195.64 2.83
CRITICAL CARE	247	927	114,079.49	123.06	.009 461.86 1.08
SNF/ICF/TRANS IP CARE	292	417	8,409.98	20.17	.004 28.80 .08
OPHTHALMOLOGICAL SERVICES	454	517	22,182.95	42.91	.005 48.86 .21
EXAMINATIONS	452	515	22,127.66	42.97	.005 48.96 .21
SERVICES AND MATERIALS	2	2	55.29	27.65	.000 27.65 .00
INPATIENT HOSPITAL SURGERY	862	14,513	434,478.46	29.94	.137 504.04 4.11
PRINCIPAL SURGEON	616	972	339,396.95	349.17	.009 550.97 3.21
ASSISTANT SURGEON	123	125	22,873.23	182.99	.001 185.96 .22
ANESTHESIOLOGIST	282	13,416	72,208.28	5.38	.127 256.06 .68
OUTPATIENT SURGERY	2,147	18,788	493,877.87	26.29	.178 230.03 4.67
PRINCIPAL SURGEON	1,914	2,615	439,003.73	167.88	.025 229.36 4.15
ASSISTANT SURGEON	41	41	5,142.14	125.42	.000 125.42 .05
ANESTHESIOLOGIST	335	16,132	49,732.00	3.08	.153 148.45 .47
DIALYSIS	124	375	31,806.83	84.82	.004 256.51 .30
PATHOLOGY	941	1,813	15,694.56	8.66	.017 16.68 .15

RADIOLOGY	7,644	15,660		1,057,086.37	67.50	.148	138.29	10.00
PSYCHIATRY	5	5		290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	813	3,918		421,931.32	107.69	.037	518.98	3.99
OTHER SERVICES/ALL X-OVERS	11,174	29,921		644,017.76	21.52	.283	57.64	6.09
@PHARMACY	75,407	842,208	\$	38,642,591.90	\$ 45.88	7.970	\$ 512.45	\$ 365.67
PRESCRIPTION DRUGS	74,559	380,521		37,657,797.49	98.96	3.601	505.07	356.35
SNF/ICF	1,504	11,596		1,085,508.29	93.61	.110	721.75	10.27
OUTPATIENTS	73,207	368,925		36,572,289.20	99.13	3.491	499.57	346.08
MEDICAL SUPPLIES	6,953	461,687		984,794.41	2.13	4.369	141.64	9.32
@DENTIST	4,821	22,668	\$	902,823.86	\$ 39.83	.215	\$ 187.27	\$ 8.54
VISITS - DIAGNOSTIC	3,161	14,110		163,922.62	11.62	.134	51.86	1.55
ORAL SURGERY	807	2,368		131,402.25	55.49	.022	162.83	1.24
DRUGS	67	141		1,970.00	13.97	.001	29.40	.02
ANESTHESIA	124	126		11,500.00	91.27	.001	92.74	.11
PERIODONTICS	288	306		30,775.00	100.57	.003	106.86	.29
ENDODONTICS	316	504		112,387.75	222.99	.005	355.66	1.06
RESTORATIVE DENTISTRY	1,243	3,100		225,687.00	72.80	.029	181.57	2.14
PROSTHETICS	36	37		1,500.00	40.54	.000	41.67	.01
DENTURES, STAYPLATES	627	1,705		212,364.22	124.55	.016	338.70	2.01
SPACE MAINTAINERS	2	2		222.00	111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	7	12		3,010.18	250.85	.000	430.03	.03
FRACTURES, DISLOCATIONS	4	5		3,187.84	637.57	.000	796.96	.03
ORTHODONTIC SERVICES	38	53		4,745.00	89.53	.001	124.87	.04
ALL OTHER SERVICES	111	199		150.00	.75	.002	1.35	.00

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 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	105,675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,933	8,463	\$	183,489.55	\$ 21.68	.080	\$ 62.56	\$ 1.74
DIAGNOSTIC AND ANC. PROCED	1,389	1,455		61,124.64	42.01	.014	44.01	.58
EYE APPLIANCES	2,235	6,478		112,013.61	17.29	.061	50.12	1.06
OTHER OPTOMETRIC SERVICES	324	530		10,351.30	19.53	.005	31.95	.10
@CHIROPRACTOR	1,399	2,205	\$	36,221.18	\$ 16.43	.021	\$ 25.89	\$.34
VISITS	1,291	2,052		34,192.60	16.66	.019	26.49	.32
OTHER SERVICES	109	153		2,028.58	13.26	.001	18.61	.02
@PODIATRIST	141	176	\$	4,010.23	\$ 22.79	.002	\$ 28.44	\$.04
MEDICINE/INJECTIONS	84	92		2,398.19	26.07	.001	28.55	.02
SURGERY/ANES.	2	3		743.59	247.86	.000	371.80	.01
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.00
OTHER	56	80		851.15	10.64	.001	15.20	.01
@HOME HEALTH AGENCY	649	22,098	\$	771,972.36	\$ 34.93	.209	\$ 1189.48	\$ 7.31
NURSE ANESTHESIST	23	455	\$	2,372.39	\$ 5.21	.004	\$ 103.15	\$.02
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$	24.00CR	\$ 12.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	193	276	\$	6,703.52	\$ 24.29	.003	\$ 34.73	\$.06
@TOTAL HOSPITAL	12,080	75,565	\$	15,173,477.69	\$ 200.80	.715	\$ 1256.08	\$ 143.59
HOSP INPATIENT TOTAL	1,761	7,193		13,210,096.01	1836.52	.068	7501.47	125.01
HSC HOSPITALS	139	944		1,415,861.77	1499.85	.009	10186.06	13.40
NON-HSC HOSPITAL TOTAL	1,136	6,249		11,335,422.72	1813.96	.059	9978.37	107.27
ACCOMMODATIONS	1,129	6,249		2,786,461.57	445.91	.059	2468.08	26.37
ADMINISTRATIVE DAYS	6	59		13,161.11	223.07	.001	2193.52	.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,124	6,190		2,773,300.46	448.03	.059	2467.35	26.24
ANCILLARIES	1,136	0		8,548,961.15	.00	.000	7525.49	80.90

INPATIENT CROSSOVERS	498	0	458,811.52	.00	.000	921.31	4.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,830	68,372	1,963,381.68	28.72	.647	181.29	18.58
MEDICAL	3,743	6,451	236,946.23	36.73	.061	63.30	2.24
SURGERY	1,186	1,377	51,084.36	37.10	.013	43.07	.48
PATHOLOGY	3,669	19,506	217,988.54	11.18	.185	59.41	2.06
RADIOLOGY	2,879	4,713	347,703.18	73.78	.045	120.77	3.29
ROOM USE	6,303	9,177	346,885.22	37.80	.087	55.03	3.28
CROSSOVERS/ALL OTH OUTPTNT	6,312	27,148	762,774.15	28.10	.257	120.85	7.22
@COUNTY HOSPITAL TOTAL	95	362	\$ 21,247.93	\$ 58.70	.003	\$ 223.66	\$.20
CO HOSPITAL INPATIENT TOTAL	5	6	9,322.03	1553.67	.000	1864.41	.09
HSC HOSPITALS	2	2	2,512.00	1256.00	.000	1256.00	.02
NON-HSC HOSPITALS TOTAL	2	4	6,797.97	1699.49	.000	3398.99	.06
ACCOMMODATIONS	2	4	2,565.00	641.25	.000	1282.50	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,565.00	641.25	.000	1282.50	.02
ANCILLARIES	2	0	4,232.97	.00	.000	2116.49	.04
INPATIENT CROSSOVERS	1	0	12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	92	356	11,925.90	33.50	.003	129.63	.11
MEDICAL	50	80	4,188.73	52.36	.001	83.77	.04
SURGERY	4	6	481.79	80.30	.000	120.45	.00
PATHOLOGY	33	140	1,650.56	11.79	.001	50.02	.02
RADIOLOGY	19	31	2,205.32	71.14	.000	116.07	.02
ROOM USE	45	60	2,322.50	38.71	.001	51.61	.02
CROSSOVERS/ALL OTH OUTPTNT	21	39	1,077.00	27.62	.000	51.29	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
105,675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,996	75,203	\$ 15,152,229.76	\$ 201.48	.712	\$ 1263.11	\$ 143.39	
COMM HOSP INPATIENT TOTAL	1,756	7,187	13,200,773.98	1836.76	.068	7517.53	124.92	
HSC HOSPITALS	137	942	1,413,349.77	1500.37	.009	10316.42	13.37	
NON-HSC HOSPITALS TOTAL	1,134	6,245	11,328,624.75	1814.03	.059	9989.97	107.20	
ACCOMMODATIONS	1,127	6,245	2,783,896.57	445.78	.059	2470.18	26.34	
ADMINISTRATIVE DAYS	6	59	13,161.11	223.07	.001	2193.52	.12	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,122	6,186	2,770,735.46	447.90	.059	2469.46	26.22	
ANCILLARIES	1,134	0	8,544,728.18	.00	.000	7535.03	80.86	
INPATIENT CROSSOVERS	497	0	458,799.46	.00	.000	923.14	4.34	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,746	68,016	1,951,455.78	28.69	.644	181.60	18.47	
MEDICAL	3,696	6,371	232,757.50	36.53	.060	62.98	2.20	
SURGERY	1,182	1,371	50,602.57	36.91	.013	42.81	.48	
PATHOLOGY	3,637	19,366	216,337.98	11.17	.183	59.48	2.05	
RADIOLOGY	2,861	4,682	345,497.86	73.79	.044	120.76	3.27	
ROOM USE	6,263	9,117	344,562.72	37.79	.086	55.02	3.26	
CROSSOVERS/ALL OTH OUTPTNT	6,291	27,109	761,697.15	28.10	.257	121.08	7.21	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	519	12,370	\$ 1,903,307.36	\$ 153.86	.117	\$ 3667.26	\$ 18.01	
LEV A-INTERMEDIATE	25	661	59,495.90	90.01	.006	2379.84	.56	

LEV B-REHAB MD	33	993	124,105.79	124.98	.009	3760.78	1.17
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	17	385	216,282.70	561.77	.004	12722.51	2.05
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	451	10,331	1,503,422.97	145.53	.098	3333.53	14.23
@INTERMEDIATE CARE FACIL.-DD	593	17,860	\$ 3,258,285.59	\$ 182.43	.169	\$ 5494.58	\$ 30.83
ICF DDH	400	11,912	2,027,303.81	170.19	.113	5068.26	19.18
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	195	5,948	1,230,981.78	206.96	.056	6312.73	11.65
@HEMODIALYSIS TOTAL	340	10,204	\$ 509,920.94	\$ 49.97	.097	\$ 1499.77	\$ 4.83
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	340	10,204	509,920.94	49.97	.097	1499.77	4.83
@REHABILITATION FACILITY	246	3,354	\$ 39,691.59	\$ 11.83	.032	\$ 161.35	\$.38
HOSPITAL BASED	16	96	2,045.11	21.30	.001	127.82	.02
INDEPENDENT FACILITY	230	3,258	37,646.48	11.56	.031	163.68	.36
@LABORATORY FACILITY	8,795	39,902	\$ 457,988.81	\$ 11.48	.378	\$ 52.07	\$ 4.33
PATHOLOGY	8,440	39,235	441,527.46	11.25	.371	52.31	4.18
XO AND OTHERS	355	667	16,461.35	24.68	.006	46.37	.16
@ORGANIZED OUTPATIENT CLINIC	31,073	51,310	\$ 4,188,277.12	\$ 81.63	.486	\$ 134.79	\$ 39.63
CLINIC	556	1,703	38,025.64	22.33	.016	68.39	.36
SURGICENTER	481	1,558	91,326.10	58.62	.015	189.87	.86
HEROIN DETOX CLINIC	7	79	949.33	12.02	.001	135.62	.01
RURAL HEALTH CLINIC	30,382	47,970	4,057,976.05	84.59	.454	133.57	38.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,164
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED						

105,675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,648	631,693	\$ 3,610,826.32	\$ 5.72	5.978	\$ 230.75	\$ 34.17
DURABLE MED. EQUIP.	2,334	9,443	969,599.31	102.68	.089	415.42	9.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	315	620	64,420.83	103.90	.006	204.51	.61
MEDICAL TRANSPORTATION	2,608	74,710	590,729.94	7.91	.707	226.51	5.59
AMBULANCES/AIR TRANS	1,809	18,961	315,230.92	16.63	.179	174.26	2.98
OTHER TRANS	780	55,226	178,536.82	3.23	.523	228.89	1.69
OTHER SERVICES	199	523	96,962.20	185.40	.005	487.25	.92
ACUPUNCTURE	46	97	1,728.25	17.82	.001	37.57	.02
ADULT DAY HEALTH CARE CTR	404	4,758	331,126.87	69.59	.045	819.62	3.13
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	913	17,020	607,484.37	35.69	.161	665.37	5.75
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,481	6,135	64,455.00	10.51	.058	25.98	.61
PHYSICAL THERAPIST	444	4,362	60,960.44	13.98	.041	137.30	.58
PORTABLE X-RAY	38	85	2,450.72	28.83	.001	64.49	.02
PROSTHETIST/ORTHOTISTS	494	990	117,874.31	119.06	.009	238.61	1.12
PROSTHETICS	493	989	117,817.30	119.13	.009	238.98	1.11
ORTHOTICS	1	1	57.01	57.01	.000	57.01	.00
PSYCHOLOGIST	27	76	4,976.65	65.48	.001	184.32	.05
SPEECH AND AUDIOLOGY	292	1,220	54,692.34	44.83	.012	187.30	.52
HOSPICE SERVICES	47	1,392	183,175.25	131.59	.013	3897.35	1.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,084	31,534	189,084.65	6.00	.298	174.43	1.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	6,011	479,230		365,862.39		.76	4.535	60.87	3.46
@CALIF. CHILDREN SERVICES*	949	28,359	\$	1,733,522.65	\$	61.13	.268	\$ 1826.68	\$ 16.40
@XOVER EXCLUDING STATE HOSP**	12,653	94,359	\$	1,638,862.99	\$	17.37	.893	\$ 129.52	\$ 15.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL

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SHASTA COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
93,787 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	52,742	273,561	\$ 15,228,129.85	\$ 55.67	2.917	\$ 288.73	\$ 162.37	
@PHYSICIANS SERVICES	12,763	37,663	\$ 1,541,495.62	\$ 40.93	.402	\$ 120.78	\$ 16.44	
OUTPATIENT VISITS	8,717	11,855	498,829.21	42.08	.126	57.22	5.32	
OFFICE VISITS	3,609	4,210	151,483.31	35.98	.045	41.97	1.62	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	5,137	5,942	307,933.18	51.82	.063	59.94	3.28	
PREVENTIVE CARE	28	28	1,280.32	45.73	.000	45.73	.01	
OB VISITS/COMPRE PERI	209	1,566	34,281.00	21.89	.017	164.02	.37	
OTHER OUTPATIENT	104	109	3,851.40	35.33	.001	37.03	.04	
INPATIENT VISITS	612	2,223	154,286.68	69.40	.024	252.10	1.65	
HOSPITAL VISITS	575	1,756	87,440.33	49.80	.019	152.07	.93	
CRITICAL CARE	91	433	65,230.21	150.65	.005	716.82	.70	
SNF/ICF/TRANS IP CARE	4	34	1,616.14	47.53	.000	404.04	.02	
OPHTHALMOLOGICAL SERVICES	139	154	6,905.79	44.84	.002	49.68	.07	
EXAMINATIONS	138	153	6,885.79	45.01	.002	49.90	.07	
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00	
INPATIENT HOSPITAL SURGERY	492	4,676	239,775.56	51.28	.050	487.35	2.56	
PRINCIPAL SURGEON	361	462	201,494.97	436.14	.005	558.16	2.15	
ASSISTANT SURGEON	36	36	5,687.93	158.00	.000	158.00	.06	
ANESTHESIOLOGIST	163	4,178	32,592.66	7.80	.045	199.95	.35	

OUTPATIENT SURGERY	1,251	9,278		215,874.95		23.27	.099	172.56	2.30
PRINCIPAL SURGEON	1,082	1,303		181,302.65		139.14	.014	167.56	1.93
ASSISTANT SURGEON	14	14		1,601.65		114.40	.000	114.40	.02
ANESTHESIOLOGIST	251	7,961		32,970.65		4.14	.085	131.36	.35
DIALYSIS	3	10		690.48		69.05	.000	230.16	.01
PATHOLOGY	297	614		5,099.83		8.31	.007	17.17	.05
RADIOLOGY	3,838	6,195		295,123.71		47.64	.066	76.90	3.15
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	118	268		32,054.78		119.61	.003	271.65	.34
OTHER SERVICES/ALL X-OVERS	1,131	2,390		92,854.63		38.85	.025	82.10	.99
@PHARMACY	26,462	80,811	\$	3,868,165.37	\$	47.87	.862	\$ 146.18	\$ 41.24
PRESCRIPTION DRUGS	26,257	64,506		3,804,644.55		58.98	.688	144.90	40.57
SNF/ICF	17	89		11,214.78		126.01	.001	659.69	.12
OUTPATIENTS	26,242	64,417		3,793,429.77		58.89	.687	144.56	40.45
MEDICAL SUPPLIES	752	16,305		63,520.82		3.90	.174	84.47	.68
@DENTIST	4,382	25,303	\$	763,398.56	\$	30.17	.270	\$ 174.21	\$ 8.14
VISITS - DIAGNOSTIC	3,293	17,573		234,781.26		13.36	.187	71.30	2.50
ORAL SURGERY	714	1,653		108,444.50		65.60	.018	151.88	1.16
DRUGS	80	140		2,286.75		16.33	.001	28.58	.02
ANESTHESIA	106	108		10,700.00		99.07	.001	100.94	.11
PERIODONTICS	68	70		7,106.00		101.51	.001	104.50	.08
ENDODONTICS	412	697		98,161.30		140.83	.007	238.26	1.05
RESTORATIVE DENTISTRY	1,491	4,432		247,130.70		55.76	.047	165.75	2.64
PROSTHETICS	8	7		230.00		32.86	.000	28.75	.00
DENTURES, STAYPLATES	72	244		28,852.91		118.25	.003	400.73	.31
SPACE MAINTAINERS	61	77		8,939.00		116.09	.001	146.54	.10
MAXILLOFACIAL SERVICES	7	7		496.14		70.88	.000	70.88	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	172	230		15,670.00		68.13	.002	91.10	.17
ALL OTHER SERVICES	62	65		600.00		9.23	.001	9.68	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,166
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

----- MONTHLY AVERAGE -----									
93,787 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,519	4,438	\$ 98,142.28	\$ 22.11	.047	\$ 64.61	\$ 1.05		
DIAGNOSTIC AND ANC. PROCED	1,066	1,131	47,626.19	42.11	.012	44.68	.51		
EYE APPLIANCES	1,089	3,227	48,040.58	14.89	.034	44.11	.51		
OTHER OPTOMETRIC SERVICES	70	80	2,475.51	30.94	.001	35.36	.03		
@CHIROPRACTOR	770	1,188	\$ 19,788.12	\$ 16.66	.013	\$ 25.70	\$.21		
VISITS	770	1,188	19,788.12	16.66	.013	25.70	.21		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	4	4	\$ 114.90	\$ 28.73	.000	\$ 28.73	\$.00		
MEDICINE/INJECTIONS	4	4	114.90	28.73	.000	28.73	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	265	2,100	\$ 75,824.05	\$ 36.11	.022	\$ 286.13	\$.81		
NURSE ANESTHESIST	7	87	\$ 774.84	\$ 8.91	.001	\$ 110.69	\$.01		
NURSE MIDWIFE	1	2	186.79	\$ 93.40	.000	\$ 186.79	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	82	104	\$ 2,689.03	\$ 25.86	.001	\$ 32.79	\$.03		
@TOTAL HOSPITAL	9,147	42,143	\$ 5,100,145.57	\$ 121.02	.449	\$ 557.58	\$ 54.38		
HOSP INPATIENT TOTAL	646	2,880	4,029,356.65	1399.08	.031	6237.39	42.96		
HSC HOSPITALS	60	514	752,758.08	1464.51	.005	12545.97	8.03		

NON-HSC HOSPITAL TOTAL	589	2,366	3,276,598.57	1384.87	.025	5562.99	34.94
ACCOMMODATIONS	589	2,366	1,203,647.87	508.73	.025	2043.54	12.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	589	2,366	1,203,647.87	508.73	.025	2043.54	12.83
ANCILLARIES	587	0	2,072,950.70	.00	.000	3531.43	22.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,798	39,263	1,070,788.92	27.27	.419	121.71	11.42
MEDICAL	2,569	3,483	113,437.72	32.57	.037	44.16	1.21
SURGERY	1,026	1,247	46,547.15	37.33	.013	45.37	.50
PATHOLOGY	2,827	9,961	120,962.90	12.14	.106	42.79	1.29
RADIOLOGY	2,131	2,826	155,351.00	54.97	.030	72.90	1.66
ROOM USE	7,516	10,270	377,105.92	36.72	.110	50.17	4.02
CROSSOVERS/ALL OTH OUTPTNT	3,714	11,476	257,384.23	22.43	.122	69.30	2.74
@COUNTY HOSPITAL TOTAL	37	125	\$ 10,987.72	\$ 87.90	.001	\$ 296.97	\$.12
CO HOSPITAL INPATIENT TOTAL	2	6	7,860.00	1310.00	.000	3930.00	.08
HSC HOSPITALS	2	6	7,860.00	1310.00	.000	3930.00	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	119	3,127.72	26.28	.001	89.36	.03
MEDICAL	19	20	971.82	48.59	.000	51.15	.01
SURGERY	2	2	88.49	44.25	.000	44.25	.00
PATHOLOGY	11	36	384.65	10.68	.000	34.97	.00
RADIOLOGY	6	10	283.57	28.36	.000	47.26	.00
ROOM USE	21	33	1,200.60	36.38	.000	57.17	.01
CROSSOVERS/ALL OTH OUTPTNT	8	18	198.59	11.03	.000	24.82	.00

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SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

93,787 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,112	42,018	\$ 5,089,157.85	\$ 121.12	.448	\$ 558.51	\$ 54.26
COMM HOSP INPATIENT TOTAL	645	2,874	4,021,496.65	1399.27	.031	6234.88	42.88
HSC HOSPITALS	58	508	744,898.08	1466.33	.005	12843.07	7.94
NON-HSC HOSPITALS TOTAL	589	2,366	3,276,598.57	1384.87	.025	5562.99	34.94
ACCOMMODATIONS	589	2,366	1,203,647.87	508.73	.025	2043.54	12.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	589	2,366	1,203,647.87	508.73	.025	2043.54	12.83
ANCILLARIES	587	0	2,072,950.70	.00	.000	3531.43	22.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,764	39,144	1,067,661.20	27.28	.417	121.82	11.38
MEDICAL	2,551	3,463	112,465.90	32.48	.037	44.09	1.20
SURGERY	1,024	1,245	46,458.66	37.32	.013	45.37	.50
PATHOLOGY	2,816	9,925	120,578.25	12.15	.106	42.82	1.29
RADIOLOGY	2,125	2,816	155,067.43	55.07	.030	72.97	1.65
ROOM USE	7,496	10,237	375,905.32	36.72	.109	50.15	4.01

CROSSOVERS/ALL OTH OUTPTNT	3,706	11,458		257,185.64	22.45	.122	69.40	2.74
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	82	\$	49,725.09	\$ 606.40	.001	\$ 9945.02	\$.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	82		49,725.09	606.40	.001	9945.02	.53
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	40	323	\$	5,090.99	\$ 15.76	.003	\$ 127.27	\$.05
HOSPITAL BASED	14	87		1,908.89	21.94	.001	136.35	.02
INDEPENDENT FACILITY	26	236		3,182.10	13.48	.003	122.39	.03
@LABORATORY FACILITY	3,706	12,023	\$	168,119.53	\$ 13.98	.128	\$ 45.36	\$ 1.79
PATHOLOGY	3,706	12,023		168,119.53	13.98	.128	45.36	1.79
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20,756	30,130	\$	3,107,715.01	\$ 103.14	.321	\$ 149.73	\$ 33.14
CLINIC	1,073	2,898		86,737.22	29.93	.031	80.84	.92
SURGICENTER	132	500		20,680.23	41.36	.005	156.67	.22
HEROIN DETOX CLINIC	1	2		29.20	14.60	.000	29.20	.00
RURAL HEALTH CLINIC	19,752	26,730		3,000,268.36	112.24	.285	151.90	31.99

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
93,787 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,435	37,160	\$ 426,754.10	\$ 11.48	.396	\$ 78.52	\$ 4.55	
DURABLE MED. EQUIP.	263	626	37,880.04	60.51	.007	144.03	.40	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	80	151	8,612.59	57.04	.002	107.66	.09	
MEDICAL TRANSPORTATION	633	8,829	167,297.76	18.95	.094	264.29	1.78	
AMBULANCES/AIR TRANS	626	8,107	115,758.70	14.28	.086	184.92	1.23	
OTHER TRANS	7	682	2,383.41	3.49	.007	340.49	.03	
OTHER SERVICES	40	40	49,155.65	1228.89	.000	1228.89	.52	
ACUPUNCTURE	2	3	70.28	23.43	.000	35.14	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	83	84	8,820.00	105.00	.001	106.27	.09	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	1	9	93.75	10.42	.000	93.75	.00	
OPTICIAN	1,107	2,447	21,993.64	8.99	.026	19.87	.23	
PHYSICAL THERAPIST	171	1,640	23,724.47	14.47	.017	138.74	.25	
PORTABLE X-RAY	1	2	45.20	22.60	.000	45.20	.00	
PROSTHETIST/ORTHOTISTS	175	237	22,535.96	95.09	.003	128.78	.24	
PROSTHETICS	174	236	22,417.24	94.99	.003	128.83	.24	
ORTHOTICS	1	1	118.72	118.72	.000	118.72	.00	
PSYCHOLOGIST	6	26	1,766.55	67.94	.000	294.43	.02	
SPEECH AND AUDIOLOGY	101	369	19,813.18	53.69	.004	196.17	.21	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,785	10,784	107,424.48	9.96	.115	38.57	1.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	166	11,953	6,676.20	.56	.127	40.22	.07
@CALIF. CHILDREN SERVICES*	291	5,980	\$ 1,228,846.47	\$ 205.49	.064	\$ 4222.84	\$ 13.10
@XOVER EXCLUDING STATE HOSP**	7	14	\$ 183.67	\$ 13.12	.000	\$ 26.24	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

218,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	162,651	2,585,377	\$ 97,889,680.95	\$ 37.86	11.850	\$ 601.84	\$ 448.69
@PHYSICIANS SERVICES	41,631	157,858	\$ 5,970,858.96	\$ 37.82	.724	\$ 143.42	\$ 27.37
OUTPATIENT VISITS	19,334	26,631	1,193,862.90	44.83	.122	61.75	5.47
OFFICE VISITS	9,525	11,910	401,025.15	33.67	.055	42.10	1.84
HOME VISITS	4	12	438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	10,150	12,561	738,537.93	58.80	.058	72.76	3.39
PREVENTIVE CARE	29	29	1,337.24	46.11	.000	46.11	.01
OB VISITS/COMPRE PERI	243	1,684	38,582.80	22.91	.008	158.78	.18
OTHER OUTPATIENT	400	435	13,941.38	32.05	.002	34.85	.06
INPATIENT VISITS	2,506	10,620	581,965.61	54.80	.049	232.23	2.67
HOSPITAL VISITS	2,140	8,803	392,025.59	44.53	.040	183.19	1.80
CRITICAL CARE	341	1,366	179,913.90	131.71	.006	527.61	.82
SNF/ICF/TRANS IP CARE	296	451	10,026.12	22.23	.002	33.87	.05
OPHTHALMOLOGICAL SERVICES	609	689	29,739.08	43.16	.003	48.83	.14
EXAMINATIONS	606	686	29,663.79	43.24	.003	48.95	.14
SERVICES AND MATERIALS	3	3	75.29	25.10	.000	25.10	.00
INPATIENT HOSPITAL SURGERY	1,370	19,385	681,442.86	35.15	.089	497.40	3.12
PRINCIPAL SURGEON	987	1,453	546,054.95	375.81	.007	553.25	2.50
ASSISTANT SURGEON	162	164	29,058.00	177.18	.001	179.37	.13
ANESTHESIOLOGIST	450	17,768	106,329.91	5.98	.081	236.29	.49
OUTPATIENT SURGERY	3,433	28,292	718,494.42	25.40	.130	209.29	3.29
PRINCIPAL SURGEON	3,027	3,951	627,841.73	158.91	.018	207.41	2.88
ASSISTANT SURGEON	56	56	7,152.58	127.72	.000	127.72	.03
ANESTHESIOLOGIST	592	24,285	83,500.11	3.44	.111	141.05	.38
DIALYSIS	128	387	32,626.07	84.31	.002	254.89	.15
PATHOLOGY	1,254	2,455	21,086.74	8.59	.011	16.82	.10
RADIOLOGY	11,586	22,042	1,362,751.06	61.83	.101	117.62	6.25
PSYCHIATRY	5	5	290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	936	4,194	454,024.75	108.26	.019	485.07	2.08
OTHER SERVICES/ALL X-OVERS	15,700	43,158	894,574.66	20.73	.198	56.98	4.10
@PHARMACY	115,139	1,158,876	\$ 47,061,324.23	\$ 40.61	5.312	\$ 408.73	\$ 215.71
PRESCRIPTION DRUGS	113,875	505,488	45,886,653.25	90.78	2.317	402.96	210.33
SNF/ICF	1,915	14,485	1,255,795.97	86.70	.066	655.77	5.76
OUTPATIENTS	112,154	491,003	44,630,857.28	90.90	2.251	397.94	204.57
MEDICAL SUPPLIES	9,108	653,388	1,174,670.98	1.80	2.995	128.97	5.38
@DENTIST	9,824	50,332	\$ 1,774,743.32	\$ 35.26	.231	\$ 180.65	\$ 8.13
VISITS - DIAGNOSTIC	6,852	33,189	416,400.78	12.55	.152	60.77	1.91
ORAL SURGERY	1,597	4,249	251,582.75	59.21	.019	157.53	1.15

DRUGS	150	285	4,301.75	15.09	.001	28.68	.02
ANESTHESIA	234	238	22,600.00	94.96	.001	96.58	.10
PERIODONTICS	391	412	41,362.00	100.39	.002	105.79	.19
ENDODONTICS	740	1,215	214,084.05	176.20	.006	289.30	.98
RESTORATIVE DENTISTRY	2,852	7,771	491,232.70	63.21	.036	172.24	2.25
PROSTHETICS	51	52	1,970.00	37.88	.000	38.63	.01
DENTURES, STAYPLATES	846	2,251	293,714.13	130.48	.010	347.18	1.35
SPACE MAINTAINERS	63	79	9,161.00	115.96	.000	145.41	.04
MAXILLOFACIAL SERVICES	16	22	3,981.32	180.97	.000	248.83	.02
FRACTURES, DISLOCATIONS	4	5	3,187.84	637.57	.000	796.96	.01
ORTHODONTIC SERVICES	211	285	20,415.00	71.63	.001	96.75	.09
ALL OTHER SERVICES	188	279	750.00	2.69	.001	3.99	.00
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MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

218,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,918	14,198	\$ 316,662.93	\$ 22.30	.065	\$ 64.39	\$ 1.45
DIAGNOSTIC AND ANC. PROCED	2,514	2,650	111,044.29	41.90	.012	44.17	.51
EYE APPLIANCES	3,675	10,716	189,372.81	17.67	.049	51.53	.87
OTHER OPTOMETRIC SERVICES	496	832	16,245.83	19.53	.004	32.75	.07
@CHIROPRACTOR	2,188	3,421	\$ 56,440.45	\$ 16.50	.016	\$ 25.80	\$.26
VISITS	2,068	3,252	54,181.36	16.66	.015	26.20	.25
OTHER SERVICES	123	169	2,259.09	13.37	.001	18.37	.01
@PODIATRIST	209	265	\$ 4,996.90	\$ 18.86	.001	\$ 23.91	\$.02
MEDICINE/INJECTIONS	100	111	2,816.74	25.38	.001	28.17	.01
SURGERY/ANES.	2	3	743.59	247.86	.000	371.80	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	108	150	1,419.27	9.46	.001	13.14	.01
@HOME HEALTH AGENCY	942	28,365	\$ 977,047.95	\$ 34.45	.130	\$ 1037.21	\$ 4.48
NURSE ANESTHESIST	31	555	\$ 3,178.83	\$ 5.73	.003	\$ 102.54	\$.01

NURSE MIDWIFE	1	2	\$	186.79	\$	93.40	.000	\$	186.79	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$	24.00	CR	\$	12.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	283	400	\$	9,623.15		\$	24.06	.002	\$	34.00	\$	.04
@TOTAL HOSPITAL	22,363	123,027	\$	21,115,591.30		\$	171.63	.564	\$	944.22	\$	96.79
HOSP INPATIENT TOTAL	2,739	10,405		17,947,864.01			1724.93	.048		6552.71		82.27
HSC HOSPITALS	199	1,458		2,168,619.85			1487.39	.007		10897.59		9.94
NON-HSC HOSPITAL TOTAL	1,783	8,947		15,082,981.75			1685.81	.041		8459.33		69.14
ACCOMMODATIONS	1,776	8,947		4,115,751.81			460.01	.041		2317.43		18.87
ADMINISTRATIVE DAYS	8	81		17,831.91			220.15	.000		2228.99		.08
TRANSITIONAL IP CARE	0	0		.00			.00	.000		.00		.00
ALL OTHER ACCOM	1,770	8,866		4,097,919.90			462.21	.041		2315.21		18.78
ANCILLARIES	1,781	0		10,967,229.94			.00	.000		6157.91		50.27
INPATIENT CROSSOVERS	773	0		696,262.41			.00	.000		900.73		3.19
ALL OTHER INPATIENT	0	0		.00			.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20,469	112,622		3,167,727.29			28.13	.516		154.76		14.52
MEDICAL	6,350	9,985		351,562.94			35.21	.046		55.36		1.61
SURGERY	2,233	2,646		98,495.79			37.22	.012		44.11		.45
PATHOLOGY	6,538	29,701		341,839.29			11.51	.136		52.28		1.57
RADIOLOGY	5,045	7,580		505,584.17			66.70	.035		100.21		2.32
ROOM USE	13,901	19,593		729,930.63			37.25	.090		52.51		3.35
CROSSOVERS/ALL OTH OUTPTNT	10,822	43,117		1,140,314.47			26.45	.198		105.37		5.23
@COUNTY HOSPITAL TOTAL	140	499	\$	32,659.79		\$	65.45	.002	\$	233.28	\$	.15
CO HOSPITAL INPATIENT TOTAL	7	12		17,182.03			1431.84	.000		2454.58		.08
HSC HOSPITALS	4	8		10,372.00			1296.50	.000		2593.00		.05
NON-HSC HOSPITALS TOTAL	2	4		6,797.97			1699.49	.000		3398.99		.03
ACCOMMODATIONS	2	4		2,565.00			641.25	.000		1282.50		.01
ADMINISTRATIVE DAYS	0	0		.00			.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00			.00	.000		.00		.00
ALL OTHER ACCOM	2	4		2,565.00			641.25	.000		1282.50		.01
ANCILLARIES	2	0		4,232.97			.00	.000		2116.49		.02
INPATIENT CROSSOVERS	1	0		12.06			.00	.000		12.06		.00
ALL OTHER INPATIENT	0	0		.00			.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	135	487		15,477.76			31.78	.002		114.65		.07
MEDICAL	70	101		5,226.87			51.75	.000		74.67		.02
SURGERY	6	8		570.28			71.29	.000		95.05		.00
PATHOLOGY	44	176		2,035.21			11.56	.001		46.25		.01
RADIOLOGY	25	41		2,488.89			60.70	.000		99.56		.01
ROOM USE	67	94		3,558.45			37.86	.000		53.11		.02
CROSSOVERS/ALL OTH OUTPTNT	35	67		1,598.06			23.85	.000		45.66		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,171
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	218,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	22,236	122,528	\$	21,082,931.51	\$	172.07	.562	\$	96.64
COMM HOSP INPATIENT TOTAL	2,733	10,393		17,930,681.98		1725.27	.048		82.19
HSC HOSPITALS	195	1,450		2,158,247.85		1488.45	.007		9.89
NON-HSC HOSPITALS TOTAL	1,781	8,943		15,076,183.78		1685.81	.041		69.10
ACCOMMODATIONS	1,774	8,943		4,113,186.81		459.93	.041		18.85
ADMINISTRATIVE DAYS	8	81		17,831.91		220.15	.000		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	1,768	8,862		4,095,354.90		462.13	.041		18.77
ANCILLARIES	1,779	0		10,962,996.97		.00	.000		50.25
INPATIENT CROSSOVERS	772	0		696,250.35		.00	.000		3.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00

COMM HOSP OUTPATIENT TOTAL	20,343	112,135		3,152,249.53	28.11	.514	154.95	14.45
MEDICAL	6,284	9,884		346,336.07	35.04	.045	55.11	1.59
SURGERY	2,227	2,638		97,925.51	37.12	.012	43.97	.45
PATHOLOGY	6,495	29,525		339,804.08	11.51	.135	52.32	1.56
RADIOLOGY	5,021	7,539		503,095.28	66.73	.035	100.20	2.31
ROOM USE	13,840	19,499		726,372.18	37.25	.089	52.48	3.33
CROSSOVERS/ALL OTH OUTPTNT	10,787	43,050		1,138,716.41	26.45	.197	105.56	5.22
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.000	.00	.00
@NURSING FACILITY	1,005	21,583	\$	3,247,304.28	\$ 150.46	.099	\$ 3231.15	\$ 14.88
LEV A-INTERMEDIATE	86	2,208		198,713.63	90.00	.010	2310.62	.91
LEV B-REHAB MD	48	1,495		186,981.08	125.07	.007	3895.44	.86
LEV B-SUBACUTE FREESTANDING	5	82		49,725.09	606.40	.000	9945.02	.23
LEV B-SUBACUTE HSPTL BASED	17	385		216,282.70	561.77	.002	12722.51	.99
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	857	17,413		2,595,601.78	149.06	.080	3028.71	11.90
@INTERMEDIATE CARE FACIL.-DD	647	19,540	\$	3,576,910.57	\$ 183.06	.090	\$ 5528.46	\$ 16.40
ICF DDH	428	12,733		2,168,693.74	170.32	.058	5067.04	9.94
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	221	6,807		1,408,216.83	206.88	.031	6372.02	6.45
@HEMODIALYSIS TOTAL	430	10,324	\$	565,213.06	\$ 54.75	.047	\$ 1314.45	\$ 2.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	430	10,324		565,213.06	54.75	.047	1314.45	2.59
@REHABILITATION FACILITY	300	3,931	\$	47,181.67	\$ 12.00	.018	\$ 157.27	\$.22
HOSPITAL BASED	30	183		3,954.00	21.61	.001	131.80	.02
INDEPENDENT FACILITY	270	3,748		43,227.67	11.53	.017	160.10	.20
@LABORATORY FACILITY	12,802	52,771	\$	638,645.87	\$ 12.10	.242	\$ 49.89	\$ 2.93
PATHOLOGY	12,270	51,742		615,870.44	11.90	.237	50.19	2.82
XO AND OTHERS	532	1,029		22,775.43	22.13	.005	42.81	.10
@ORGANIZED OUTPATIENT CLINIC	54,842	86,294	\$	7,522,806.65	\$ 87.18	.396	\$ 137.17	\$ 34.48
CLINIC	1,634	4,609		125,187.32	27.16	.021	76.61	.57
SURGICENTER	720	2,258		139,964.51	61.99	.010	194.40	.64
HEROIN DETOX CLINIC	8	81		978.53	12.08	.000	122.32	.00
RURAL HEALTH CLINIC	53,060	79,346		7,256,676.29	91.46	.364	136.76	33.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,172
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

----- MONTHLY AVERAGE -----								
218,167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	25,682	853,637	\$ 5,000,988.04	\$ 5.86	3.913	\$ 194.73	\$ 22.92	
DURABLE MED. EQUIP.	2,852	10,667	1,139,881.79	106.86	.049	399.68	5.22	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	630	1,217	134,715.19	110.69	.006	213.83	.62	
MEDICAL TRANSPORTATION	3,720	105,289	843,749.42	8.01	.483	226.81	3.87	
AMBULANCES/AIR TRANS	2,490	27,552	439,076.85	15.94	.126	176.34	2.01	
OTHER TRANS	1,195	76,605	249,919.76	3.26	.351	209.14	1.15	
OTHER SERVICES	335	1,132	154,752.81	136.71	.005	461.95	.71	
ACUPUNCTURE	60	132	2,339.19	17.72	.001	38.99	.01	
ADULT DAY HEALTH CARE CTR	639	7,692	535,302.43	69.59	.035	837.72	2.45	
GENETIC DISEASE TESTING	104	105	11,025.00	105.00	.000	106.01	.05	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,821	23,957	916,030.33	38.24	.110	503.04	4.20	
OCCUPATIONAL THERAPIST	1	9	93.75	10.42	.000	93.75	.00	
OPTICIAN	4,050	9,667	106,019.57	10.97	.044	26.18	.49	
PHYSICAL THERAPIST	621	6,052	85,277.32	14.09	.028	137.32	.39	

PORTABLE X-RAY	43	97	2,507.43	25.85	.000	58.31	.01
PROSTHETIST/ORTHOTISTS	690	1,269	143,134.69	112.79	.006	207.44	.66
PROSTHETICS	688	1,267	142,958.96	112.83	.006	207.79	.66
ORTHOTICS	2	2	175.73	87.87	.000	87.87	.00
PSYCHOLOGIST	36	111	7,256.61	65.37	.001	201.57	.03
SPEECH AND AUDIOLOGY	472	1,714	84,821.81	49.49	.008	179.71	.39
HOSPICE SERVICES	49	1,457	191,430.32	131.39	.007	3906.74	.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,878	43,202	301,235.58	6.97	.198	77.68	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,910	641,000	496,167.61	.77	2.938	55.69	2.27
@CALIF. CHILDREN SERVICES*	1,273	34,840	\$ 2,983,226.05	\$ 85.63	.160	\$ 2343.46	\$ 13.67
@XOVER EXCLUDING STATE HOSP**	18,699	149,693	\$ 2,578,187.52	\$ 17.22	.686	\$ 137.88	\$ 11.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,173
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

8,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,934	111,234	\$ 3,715,476.28	\$ 33.40	12.922	\$ 468.30	\$ 431.63
@PHYSICIANS SERVICES	1,429	4,406	\$ 84,678.81	\$ 19.22	.512	\$ 59.26	\$ 9.84
OUTPATIENT VISITS	23	29	1,379.24	47.56	.003	59.97	.16
OFFICE VISITS	19	23	913.43	39.71	.003	48.08	.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	465.81	77.64	.001	116.45	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	10	535.30	53.53	.001	178.43	.06
HOSPITAL VISITS	1	5	231.30	46.26	.001	231.30	.03
CRITICAL CARE	2	5	304.00	60.80	.001	152.00	.04
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	11	483.45	43.95	.001	60.43	.06
EXAMINATIONS	8	11	483.45	43.95	.001	60.43	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	25	3,505.46	140.22	.003	1168.49	.41
PRINCIPAL SURGEON	2	3	2,501.85	833.95	.000	1250.93	.29
ASSISTANT SURGEON	1	1	421.07	421.07	.000	421.07	.05
ANESTHESIOLOGIST	1	21	582.54	27.74	.002	582.54	.07
OUTPATIENT SURGERY	8	135	5,088.51	37.69	.016	636.06	.59
PRINCIPAL SURGEON	7	8	4,497.30	562.16	.001	642.47	.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	127	591.21	4.66	.015	118.24	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	119.62	14.95	.001	59.81	.01
RADIOLOGY	23	44	2,388.48	54.28	.005	103.85	.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	8.20	8.20	.000	8.20	.00
OTHER SERVICES/ALL X-OVERS	1,381	4,143	71,170.55	17.18	.481	51.54	8.27
@PHARMACY	6,513	45,481	\$ 2,161,807.79	\$ 47.53	5.284	\$ 331.92	\$ 251.14
PRESCRIPTION DRUGS	6,447	29,194	2,123,921.25	72.75	3.391	329.44	246.74

SNF/ICF	217	1,719		95,112.18		55.33	.200	438.30	11.05
OUTPATIENTS	6,242	27,475		2,028,809.07		73.84	3.192	325.03	235.69
MEDICAL SUPPLIES	432	16,287		37,886.54		2.33	1.892	87.70	4.40
@DENTIST	314	1,273	\$	56,324.90	\$	44.25	.148	179.38	6.54
VISITS - DIAGNOSTIC	210	788		9,662.40		12.26	.092	46.01	1.12
ORAL SURGERY	40	138		6,653.00		48.21	.016	166.33	.77
DRUGS	1	3		45.00		15.00	.000	45.00	.01
ANESTHESIA	3	3		300.00		100.00	.000	100.00	.03
PERIODONTICS	14	14		1,589.00		113.50	.002	113.50	.18
ENDODONTICS	6	7		1,595.00		227.86	.001	265.83	.19
RESTORATIVE DENTISTRY	59	146		10,124.00		69.34	.017	171.59	1.18
PROSTHETICS	4	6		180.00		30.00	.001	45.00	.02
DENTURES, STAYPLATES	74	158		26,176.50		165.67	.018	353.74	3.04
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	7	10		.00		.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,174
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

8,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	230	586	\$ 12,217.13	\$ 20.85	.068	\$ 53.12	\$ 1.42
DIAGNOSTIC AND ANC. PROCED	20	23	868.68	37.77	.003	43.43	.10
EYE APPLIANCES	172	457	9,700.68	21.23	.053	56.40	1.13
OTHER OPTOMETRIC SERVICES	56	106	1,647.77	15.55	.012	29.42	.19
@CHIROPRACTOR	6	6	\$ 83.64	\$ 13.94	.001	\$ 13.94	\$.01
VISITS	2	2	33.44	16.72	.000	16.72	.00
OTHER SERVICES	4	4	50.20	12.55	.000	12.55	.01
@PODIATRIST	22	31	\$ 195.35	\$ 6.30	.004	\$ 8.88	\$.02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	31	195.35	6.30	.004	8.88	.02
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 75.19	\$ 25.06	.000	\$ 25.06	\$.01
@TOTAL HOSPITAL	395	1,510	\$ 183,405.07	\$ 121.46	.175	\$ 464.32	\$ 21.31
HOSP INPATIENT TOTAL	124	9	146,630.03	16292.23	.001	1182.50	17.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	9	43,145.42	4793.94	.001	14381.81	5.01
ACCOMMODATIONS	3	9	5,272.22	585.80	.001	1757.41	.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	5,272.22	585.80	.001	1757.41	.61
ANCILLARIES	3	0	37,873.20	.00	.000	12624.40	4.40
INPATIENT CROSSOVERS	121	0	103,484.61	.00	.000	855.24	12.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	279	1,501	36,775.04	24.50	.174	131.81	4.27
MEDICAL	10	19	525.44	27.65	.002	52.54	.06
SURGERY	3	3	409.03	136.34	.000	136.34	.05
PATHOLOGY	9	32	302.80	9.46	.004	33.64	.04

RADIOLOGY	4	6	296.57	49.43	.001	74.14	.03
ROOM USE	12	23	846.35	36.80	.003	70.53	.10
CROSSOVERS/ALL OTH OUTPTNT	270	1,418	34,394.85	24.26	.165	127.39	4.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,175
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

	8,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	395	1,510	\$	183,405.07	\$ 121.46	.175	\$ 464.32	\$ 21.31
COMM HOSP INPATIENT TOTAL	124	9		146,630.03	16292.23	.001	1182.50	17.03
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	9		43,145.42	4793.94	.001	14381.81	5.01
ACCOMMODATIONS	3	9		5,272.22	585.80	.001	1757.41	.61

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9		5,272.22	585.80	.001	1757.41	.61
ANCILLARIES	3	0		37,873.20	.00	.000	12624.40	4.40
INPATIENT CROSSOVERS	121	0		103,484.61	.00	.000	855.24	12.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	279	1,501		36,775.04	24.50	.174	131.81	4.27
MEDICAL	10	19		525.44	27.65	.002	52.54	.06
SURGERY	3	3		409.03	136.34	.000	136.34	.05
PATHOLOGY	9	32		302.80	9.46	.004	33.64	.04
RADIOLOGY	4	6		296.57	49.43	.001	74.14	.03
ROOM USE	12	23		846.35	36.80	.003	70.53	.10
CROSSOVERS/ALL OTH OUTPTNT	270	1,418		34,394.85	24.26	.165	127.39	4.00
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	244	5,720	\$	831,383.06	145.35	.664	3407.31	96.58
LEV A-INTERMEDIATE	9	244		21,847.11	89.54	.028	2427.46	2.54
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	235	5,476		809,535.95	147.83	.636	3444.83	94.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	10	\$	4,645.09	464.51	.001	516.12	.54
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	10		4,645.09	464.51	.001	516.12	.54
@REHABILITATION FACILITY	1	6	\$	176.46	29.41	.001	176.46	.02
HOSPITAL BASED	1	6		176.46	29.41	.001	176.46	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	95	238	\$	2,558.97	10.75	.028	26.94	.30
PATHOLOGY	36	125		1,651.89	13.22	.015	45.89	.19
XO AND OTHERS	59	113		907.08	8.03	.013	15.37	.11
@ORGANIZED OUTPATIENT CLINIC	1,418	2,212	\$	102,108.21	46.16	.257	72.01	11.86
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	74	114		16,965.16	148.82	.013	229.26	1.97
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,354	2,098		85,143.05	40.58	.244	62.88	9.89

#CALIF DEPT OF HEALTH SERV MOP024 SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

		----- MONTHLY AVERAGE -----						
	8,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,640	49,752	\$	275,816.61	5.54	5.780	168.18	32.04
DURABLE MED. EQUIP.	67	308		25,613.31	83.16	.036	382.29	2.98
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	82	157		28,849.51	183.75	.018	351.82	3.35
MEDICAL TRANSPORTATION	168	5,280		22,890.04	4.34	.613	136.25	2.66
AMBULANCES/AIR TRANS	9	14		532.34	38.02	.002	59.15	.06
OTHER TRANS	152	5,164		22,062.85	4.27	.600	145.15	2.56
OTHER SERVICES	29	102		294.85	2.89	.012	10.17	.03
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	93	1,010	70,328.00	69.63	.117	756.22	8.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	239	1,536	76,414.42	49.75	.178	319.73	8.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	224	597	6,796.33	11.38	.069	30.34	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	16	16.19	1.01	.002	3.24	.00
PROSTHETIST/ORTHOTISTS	19	40	756.63	18.92	.005	39.82	.09
PROSTHETICS	19	40	756.63	18.92	.005	39.82	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	54	153	9,232.51	60.34	.018	170.97	1.07
HOSPICE SERVICES	1	3	340.86	113.62	.000	340.86	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	888	40,652	34,578.81	.85	4.723	38.94	4.02
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,385	12,634	354,150.76	28.03	1.468	148.49	41.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,177
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	61	5,130	\$ 182,057.72	\$ 35.49	86.949	\$ 2984.55	\$ 3085.72
@PHYSICIANS SERVICES	13	35	\$ 594.23	\$ 16.98	.593	\$ 45.71	\$ 10.07
OUTPATIENT VISITS	2	4	228.37	57.09	.068	114.19	3.87
OFFICE VISITS	2	2	114.30	57.15	.034	57.15	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.017	68.35	1.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.017	45.72	.77
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	4	8		153.55		19.19	.136	38.39	2.60	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	8	23		212.31		9.23	.390	26.54	3.60	
@PHARMACY	50	2,525	\$	43,084.56	\$	17.06	42.797	\$ 861.69	\$ 730.25	
PRESCRIPTION DRUGS	48	466		42,205.31		90.57	7.898	879.28	715.34	
SNF/ICF	20	284		19,101.99		67.26	4.814	955.10	323.76	
OUTPATIENTS	28	182		23,103.32		126.94	3.085	825.12	391.58	
MEDICAL SUPPLIES	16	2,059		879.25		.43	34.898	54.95	14.90	
@DENTIST	3	7	\$	1,355.00	\$	193.57	.119	\$ 451.67	\$ 22.97	
VISITS - DIAGNOSTIC	1	3		75.00		25.00	.051	75.00	1.27	
ORAL SURGERY	0	0		.00		.00	.000	.00	.00	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	2	6		1,280.00		213.33	.102	640.00	21.69	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	2CR		.00		.00	.034CR	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 14,178
MOPO24	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND									AID CODE 24

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	12	1,795	\$ 53,226.51	\$ 29.65	30.424	\$ 4435.54	\$ 902.14	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	6	6	\$ 3,622.69	\$ 603.78	.102	\$ 603.78	\$ 61.40	
HOSP INPATIENT TOTAL	4	0	3,503.20	.00	.000	875.80	59.38	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	4	0	3,503.20	.00	.000	875.80	59.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	6	119.49	19.92	.102	59.75	2.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	25.35	12.68	.034	25.35	.43
RADIOLOGY	1	1	14.41	14.41	.017	14.41	.24
ROOM USE	1	1	33.00	33.00	.017	33.00	.56
CROSSOVERS/ALL OTH OUTPTNT	1	2	46.73	23.37	.034	46.73	.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,179
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	6	\$ 3,622.69	\$ 603.78	.102	\$ 603.78	\$ 61.40
COMM HOSP INPATIENT TOTAL	4	0	3,503.20	.00	.000	875.80	59.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0	3,503.20	.00	.000	875.80	59.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	6	119.49	19.92	.102	59.75	2.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	25.35	12.68	.034	25.35	.43
RADIOLOGY	1	1	14.41	14.41	.017	14.41	.24
ROOM USE	1	1	33.00	33.00	.017	33.00	.56
CROSSOVERS/ALL OTH OUTPTNT	1	2	46.73	23.37	.034	46.73	.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	551	\$ 74,149.54	\$ 134.57	9.339	\$ 3530.93	\$ 1256.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	21	551		74,149.54		134.57	9.339	3530.93	1256.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	4	49	\$	321.33	\$	6.56	.831	80.33	5.45
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	4	49		321.33		6.56	.831	80.33	5.45
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	619.33	\$	77.42	.136	103.22	10.50
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		619.33		77.42	.136	103.22	10.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,180
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	154	\$ 5,084.53	\$ 33.02	2.610	\$ 203.38	\$ 86.18
DURABLE MED. EQUIP.	2	18	1,274.21	70.79	.305	637.11	21.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	1,546.56	1546.56	.017	1546.56	26.21
MEDICAL TRANSPORTATION	7	88	380.12	4.32	1.492	54.30	6.44
AMBULANCES/AIR TRANS	1	40	.00	.00	.678	.00	.00
OTHER TRANS	6	47	368.26	7.84	.797	61.38	6.24
OTHER SERVICES	1	1	11.86	11.86	.017	11.86	.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	1,187.21	395.74	.051	1187.21	20.12
PROSTHETICS	1	3	1,187.21	395.74	.051	1187.21	20.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.017	10.40	.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	43	686.03	15.95	.729	40.35	11.63
@CALIF. CHILDREN SERVICES*	13	131	\$ 4,997.45	\$ 38.15	2.220	\$ 384.42	\$ 84.70
@XOVER EXCLUDING STATE HOSP**	27	68	\$ 12,829.51	\$ 188.67	1.153	\$ 475.17	\$ 217.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,181
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	7,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,985	155,105	\$	6,448,297.43	\$ 41.57	19.865	\$ 807.55	\$ 825.86
@PHYSICIANS SERVICES	1,990	13,491	\$	303,081.91	\$ 22.47	1.728	\$ 152.30	\$ 38.82
OUTPATIENT VISITS	504	732		32,384.92	44.24	.094	64.26	4.15
OFFICE VISITS	347	482		15,010.18	31.14	.062	43.26	1.92
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	180	233		16,806.94	72.13	.030	93.37	2.15
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	17		567.80	33.40	.002	33.40	.07
INPATIENT VISITS	120	547		25,611.37	46.82	.070	213.43	3.28
HOSPITAL VISITS	113	497		20,979.10	42.21	.064	185.66	2.69
CRITICAL CARE	17	45		4,499.85	100.00	.006	264.70	.58
SNF/ICF/TRANS IP CARE	3	5		132.42	26.48	.001	44.14	.02
OPHTHALMOLOGICAL SERVICES	20	25		979.82	39.19	.003	48.99	.13
EXAMINATIONS	20	25		979.82	39.19	.003	48.99	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	52	1,636		29,976.03	18.32	.210	576.46	3.84
PRINCIPAL SURGEON	42	69		21,740.88	315.09	.009	517.64	2.78
ASSISTANT SURGEON	5	4		1,370.81	342.70	.001	274.16	.18
ANESTHESIOLOGIST	21	1,563		6,864.34	4.39	.200	326.87	.88

OUTPATIENT SURGERY	109	1,306		30,183.98		23.11	.167	276.92	3.87
PRINCIPAL SURGEON	92	115		25,575.17		222.39	.015	277.99	3.28
ASSISTANT SURGEON	2	2		390.17		195.09	.000	195.09	.05
ANESTHESIOLOGIST	24	1,189		4,218.64		3.55	.152	175.78	.54
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	77	183		1,839.04		10.05	.023	23.88	.24
RADIOLOGY	395	899		69,418.77		77.22	.115	175.74	8.89
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	32	515		20,046.56		38.93	.066	626.46	2.57
OTHER SERVICES/ALL X-OVERS	1,316	7,648		92,641.42		12.11	.980	70.40	11.86
@PHARMACY	6,176	53,613	\$	3,642,014.75	\$	67.93	6.866	\$ 589.70	\$ 466.45
PRESCRIPTION DRUGS	6,088	31,522		3,583,042.76		113.67	4.037	588.54	458.89
SNF/ICF	55	440		33,697.36		76.58	.056	612.68	4.32
OUTPATIENTS	6,036	31,082		3,549,345.40		114.19	3.981	588.03	454.58
MEDICAL SUPPLIES	611	22,091		58,971.99		2.67	2.829	96.52	7.55
@DENTIST	372	1,757	\$	66,464.50	\$	37.83	.225	\$ 178.67	\$ 8.51
VISITS - DIAGNOSTIC	242	1,083		13,189.50		12.18	.139	54.50	1.69
ORAL SURGERY	75	218		11,401.00		52.30	.028	152.01	1.46
DRUGS	3	6		90.00		15.00	.001	30.00	.01
ANESTHESIA	8	8		700.00		87.50	.001	87.50	.09
PERIODONTICS	15	16		1,559.00		97.44	.002	103.93	.20
ENDODONTICS	14	19		3,715.00		195.53	.002	265.36	.48
RESTORATIVE DENTISTRY	85	202		13,843.00		68.53	.026	162.86	1.77
PROSTHETICS	4	4		120.00		30.00	.001	30.00	.02
DENTURES, STAYPLATES	66	165		21,847.00		132.41	.021	331.02	2.80
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	12	36		.00		.00	.005	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	7,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	224	646	\$	12,804.25	\$ 19.82	.083	\$ 57.16	\$ 1.64
DIAGNOSTIC AND ANC. PROCED	79	86		3,393.90	39.46	.011	42.96	.43
EYE APPLIANCES	175	512		8,404.30	16.41	.066	48.02	1.08
OTHER OPTOMETRIC SERVICES	27	48		1,006.05	20.96	.006	37.26	.13
@CHIROPRACTOR	31	50	\$	768.45	\$ 15.37	.006	\$ 24.79	\$.10
VISITS	14	25		413.82	16.55	.003	29.56	.05
OTHER SERVICES	17	25		354.63	14.19	.003	20.86	.05
@PODIATRIST	15	25	\$	441.78	\$ 17.67	.003	\$ 29.45	\$.06
MEDICINE/INJECTIONS	5	9		258.80	28.76	.001	51.76	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	10	16		182.98	11.44	.002	18.30	.02
@HOME HEALTH AGENCY	101	11,141	\$	311,048.58	\$ 27.92	1.427	\$ 3079.69	\$ 39.84
NURSE ANESTHESIST	1	22	\$	59.73	\$ 2.72	.003	\$ 59.73	\$.01
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	5	\$	89.09	\$ 17.82	.001	\$ 22.27	\$.01
@TOTAL HOSPITAL	812	5,618	\$	1,092,441.55	\$ 194.45	.720	\$ 1345.37	\$ 139.91
HOSP INPATIENT TOTAL	173	404		842,584.19	2085.60	.052	4870.43	107.91
HSC HOSPITALS	13	76		114,692.00	1509.11	.010	8822.46	14.69

NON-HSC HOSPITAL TOTAL	79	328	656,449.26	2001.37	.042	8309.48	84.07
ACCOMMODATIONS	77	328	144,088.61	439.29	.042	1871.28	18.45
ADMINISTRATIVE DAYS	3	3	578.25	192.75	.000	192.75	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	74	325	143,510.36	441.57	.042	1939.33	18.38
ANCILLARIES	79	0	512,360.65	.00	.000	6485.58	65.62
INPATIENT CROSSOVERS	83	0	71,442.93	.00	.000	860.76	9.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	680	5,214	249,857.36	47.92	.668	367.44	32.00
MEDICAL	170	391	36,913.00	94.41	.050	217.14	4.73
SURGERY	57	63	3,120.65	49.53	.008	54.75	.40
PATHOLOGY	191	1,108	12,283.10	11.09	.142	64.31	1.57
RADIOLOGY	150	286	19,193.28	67.11	.037	127.96	2.46
ROOM USE	253	353	14,067.44	39.85	.045	55.60	1.80
CROSSOVERS/ALL OTH OUTPTNT	508	3,013	164,279.89	54.52	.386	323.39	21.04
@COUNTY HOSPITAL TOTAL	5	25	\$ 20,377.42	\$ 815.10	.003	\$ 4075.48	\$ 2.61
CO HOSPITAL INPATIENT TOTAL	2	15	20,280.00	1352.00	.002	10140.00	2.60
HSC HOSPITALS	2	15	20,280.00	1352.00	.002	10140.00	2.60
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	10	97.42	9.74	.001	32.47	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	34.34	17.17	.000	34.34	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	8	63.08	7.89	.001	31.54	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

7,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	808	5,593	\$ 1,072,064.13	\$ 191.68	.716	\$ 1326.81	\$ 137.30
COMM HOSP INPATIENT TOTAL	171	389	822,304.19	2113.89	.050	4808.80	105.32
HSC HOSPITALS	11	61	94,412.00	1547.74	.008	8582.91	12.09
NON-HSC HOSPITALS TOTAL	79	328	656,449.26	2001.37	.042	8309.48	84.07
ACCOMMODATIONS	77	328	144,088.61	439.29	.042	1871.28	18.45
ADMINISTRATIVE DAYS	3	3	578.25	192.75	.000	192.75	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	74	325	143,510.36	441.57	.042	1939.33	18.38
ANCILLARIES	79	0	512,360.65	.00	.000	6485.58	65.62
INPATIENT CROSSOVERS	83	0	71,442.93	.00	.000	860.76	9.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	678	5,204	249,759.94	47.99	.666	368.38	31.99
MEDICAL	170	391	36,913.00	94.41	.050	217.14	4.73
SURGERY	57	63	3,120.65	49.53	.008	54.75	.40
PATHOLOGY	190	1,106	12,248.76	11.07	.142	64.47	1.57
RADIOLOGY	150	286	19,193.28	67.11	.037	127.96	2.46
ROOM USE	253	353	14,067.44	39.85	.045	55.60	1.80

CROSSOVERS/ALL OTH OUTPTNT	506	3,005		164,216.81		54.65	.385	324.54	21.03
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	47	1,056	\$	199,394.69	\$	188.82	.135	\$ 4242.44	\$ 25.54
LEV A-INTERMEDIATE	1	7		626.78		89.54	.001	626.78	.08
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	60		33,189.00		553.15	.008	11063.00	4.25
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	44	989		165,578.91		167.42	.127	3763.16	21.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	59	107	\$	51,846.47	\$	484.55	.014	\$ 878.75	\$ 6.64
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	59	107		51,846.47		484.55	.014	878.75	6.64
@REHABILITATION FACILITY	18	433	\$	5,603.50	\$	12.94	.055	\$ 311.31	\$.72
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	18	433		5,603.50		12.94	.055	311.31	.72
@LABORATORY FACILITY	396	1,589	\$	21,046.28	\$	13.24	.204	\$ 53.15	\$ 2.70
PATHOLOGY	346	1,472		16,608.49		11.28	.189	48.00	2.13
XO AND OTHERS	50	117		4,437.79		37.93	.015	88.76	.57
@ORGANIZED OUTPATIENT CLINIC	2,118	3,629	\$	239,765.61	\$	66.07	.465	\$ 113.20	\$ 30.71
CLINIC	18	71		1,354.28		19.07	.009	75.24	.17
SURGICENTER	45	108		9,774.89		90.51	.014	217.22	1.25
HEROIN DETOX CLINIC	1	11		148.08		13.46	.001	148.08	.02
RURAL HEALTH CLINIC	2,067	3,439		228,488.36		66.44	.440	110.54	29.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,184
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	7,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,317	61,923	\$	501,426.29	\$ 8.10	7.931	\$ 380.73	\$ 64.22
DURABLE MED. EQUIP.	114	452		53,231.41	117.77	.058	466.94	6.82
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	60		5,313.72	88.56	.008	177.12	.68
MEDICAL TRANSPORTATION	171	21,724		79,845.58	3.68	2.782	466.93	10.23
AMBULANCES/AIR TRANS	86	1,735		23,691.08	13.65	.222	275.48	3.03
OTHER TRANS	76	19,882		47,251.83	2.38	2.546	621.73	6.05
OTHER SERVICES	20	107		8,902.67	83.20	.014	445.13	1.14
ACUPUNCTURE	4	10		164.90	16.49	.001	41.23	.02
ADULT DAY HEALTH CARE CTR	27	340		23,667.64	69.61	.044	876.58	3.03
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	85	8,494		247,138.85	29.10	1.088	2907.52	31.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	230	547		5,843.43	10.68	.070	25.41	.75
PHYSICAL THERAPIST	16	232		2,932.61	12.64	.030	183.29	.38
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	58		5,215.12	89.92	.007	260.76	.67
PROSTHETICS	20	58		5,215.12	89.92	.007	260.76	.67
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		34.61	34.61	.000	34.61	.00
SPEECH AND AUDIOLOGY	26	44		4,844.17	110.09	.006	186.31	.62

HOSPICE SERVICES	10	208		27,329.56	131.39	.027	2732.96	3.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	36	1,823		12,561.32	6.89	.233	348.93	1.61
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	688	27,930		33,303.37	1.19	3.577	48.41	4.27
@CALIF. CHILDREN SERVICES*	42	560	\$	33,171.17	\$ 59.23	.072	\$ 789.79	\$ 4.25
@XOVER EXCLUDING STATE HOSP**	1,891	17,467	\$	318,730.56	\$ 18.25	2.237	\$ 168.55	\$ 40.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,185
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

	145,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77,312	419,369	\$	24,884,236.54	\$ 59.34	2.879	\$ 321.87	\$ 170.85
@PHYSICIANS SERVICES	19,998	69,805	\$	2,796,780.27	\$ 40.07	.479	\$ 139.85	\$ 19.20
OUTPATIENT VISITS	12,381	18,421		734,595.07	39.88	.126	59.33	5.04
OFFICE VISITS	5,844	7,003		237,022.90	33.85	.048	40.56	1.63
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6,377	7,311		395,108.59	54.04	.050	61.96	2.71
PREVENTIVE CARE	35	34		1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI	582	3,967		97,810.98	24.66	.027	168.06	.67
OTHER OUTPATIENT	99	106		3,295.87	31.09	.001	33.29	.02
INPATIENT VISITS	1,070	4,048		300,617.60	74.26	.028	280.95	2.06
HOSPITAL VISITS	995	2,951		139,685.60	47.34	.020	140.39	.96
CRITICAL CARE	179	1,094		160,804.90	146.99	.008	898.35	1.10
SNF/ICF/TRANS IP CARE	2	3		127.10	42.37	.000	63.55	.00
OPHTHALMOLOGICAL SERVICES	268	281		12,375.13	44.04	.002	46.18	.08

EXAMINATIONS	268	281		12,375.13	44.04	.002	46.18	.08	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	998	9,073		477,267.37	52.60	.062	478.22	3.28	
PRINCIPAL SURGEON	710	990		396,367.29	400.37	.007	558.26	2.72	
ASSISTANT SURGEON	91	93		15,039.21	161.71	.001	165.27	.10	
ANESTHESIOLOGIST	329	7,990		65,860.87	8.24	.055	200.19	.45	
OUTPATIENT SURGERY	2,032	19,608		388,018.93	19.79	.135	190.95	2.66	
PRINCIPAL SURGEON	1,745	2,171		328,802.21	151.45	.015	188.43	2.26	
ASSISTANT SURGEON	38	38		3,627.03	95.45	.000	95.45	.02	
ANESTHESIOLOGIST	398	17,399		55,589.69	3.19	.119	139.67	.38	
DIALYSIS	19	65		6,064.78	93.30	.000	319.20	.04	
PATHOLOGY	740	1,377		14,854.27	10.79	.009	20.07	.10	
RADIOLOGY	6,875	11,138		646,514.13	58.05	.076	94.04	4.44	
PSYCHIATRY	2	2		146.58	73.29	.000	73.29	.00	
IMMUNIZATION AND INJECTION	283	379		34,282.91	90.46	.003	121.14	.24	
OTHER SERVICES/ALL X-OVERS	2,263	5,413		182,043.50	33.63	.037	80.44	1.25	
@PHARMACY	39,775	123,312	\$	6,309,663.91	\$ 51.17	.847	\$ 158.63	\$ 43.32	
PRESCRIPTION DRUGS	39,489	101,887		6,202,927.62	60.88	.700	157.08	42.59	
SNF/ICF	9	25		2,361.27	94.45	.000	262.36	.02	
OUTPATIENTS	39,484	101,862		6,200,566.35	60.87	.699	157.04	42.57	
MEDICAL SUPPLIES	1,246	21,425		106,736.29	4.98	.147	85.66	.73	
@DENTIST	6,291	33,779	\$	1,108,728.01	\$ 32.82	.232	\$ 176.24	\$ 7.61	
VISITS - DIAGNOSTIC	4,671	23,008		309,199.87	13.44	.158	66.20	2.12	
ORAL SURGERY	1,041	2,496		168,260.94	67.41	.017	161.63	1.16	
DRUGS	90	176		2,385.00	13.55	.001	26.50	.02	
ANESTHESIA	155	155		14,900.00	96.13	.001	96.13	.10	
PERIODONTICS	203	204		21,996.00	107.82	.001	108.35	.15	
ENDODONTICS	564	891		164,054.75	184.12	.006	290.88	1.13	
RESTORATIVE DENTISTRY	2,072	5,755		336,220.45	58.42	.040	162.27	2.31	
PROSTHETICS	17	18		520.00	28.89	.000	30.59	.00	
DENTURES, STAYPLATES	163	503		54,126.30	107.61	.003	332.06	.37	
SPACE MAINTAINERS	43	55		6,211.00	112.93	.000	144.44	.04	
MAXILLOFACIAL SERVICES	15	18		4,978.70	276.59	.000	331.91	.03	
FRACTURES, DISLOCATIONS	4	4		4,700.00	1175.00	.000	1175.00	.03	
ORTHODONTIC SERVICES	216	261		20,275.00	77.68	.002	93.87	.14	
ALL OTHER SERVICES	115	235		900.00	3.83	.002	7.83	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,186
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

145,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,205	6,402	\$ 145,547.84	\$ 22.73	.044	\$ 66.01	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	1,638	1,734	73,408.52	42.33	.012	44.82	.50
EYE APPLIANCES	1,511	4,533	67,797.56	14.96	.031	44.87	.47
OTHER OPTOMETRIC SERVICES	128	135	4,341.76	32.16	.001	33.92	.03
@CHIROPRACTOR	1,656	2,600	\$ 43,226.98	\$ 16.63	.018	\$ 26.10	\$.30
VISITS	1,655	2,598	43,193.54	16.63	.018	26.10	.30
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	13	32	\$ 695.41	\$ 21.73	.000	\$ 53.49	\$.00
MEDICINE/INJECTIONS	12	15	530.62	35.37	.000	44.22	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	24.22	24.22	.000	24.22	.00
OTHER	1	16	140.57	8.79	.000	140.57	.00
@HOME HEALTH AGENCY	472	1,463	\$ 93,903.63	\$ 64.19	.010	\$ 198.95	\$.64
NURSE ANESTHESIST	16	168	\$ 2,068.36	\$ 12.31	.001	\$ 129.27	\$.01

NURSE MIDWIFE	4	5	\$	1,762.92	\$	352.58	.000	\$	440.73	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	211	299	\$	6,962.30	\$	23.29	.002	\$	33.00	\$	.05
@TOTAL HOSPITAL	13,814	70,156	\$	9,123,451.07	\$	130.05	.482	\$	660.45	\$	62.64
HOSP INPATIENT TOTAL	1,196	5,525		7,357,534.52		1331.68	.038		6151.78		50.52
HSC HOSPITALS	78	590		823,809.44		1396.29	.004		10561.66		5.66
NON-HSC HOSPITAL TOTAL	1,106	4,935		6,490,950.61		1315.29	.034		5868.85		44.57
ACCOMMODATIONS	1,104	4,935		2,313,393.08		468.77	.034		2095.46		15.88
ADMINISTRATIVE DAYS	3	54		12,258.90		227.02	.000		4086.30		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,102	4,881		2,301,134.18		471.45	.034		2088.14		15.80
ANCILLARIES	1,106	0		4,177,557.53		.00	.000		3777.18		28.68
INPATIENT CROSSOVERS	16	0		42,774.47		.00	.000		2673.40		.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,109	64,631		1,765,916.55		27.32	.444		134.71		12.12
MEDICAL	4,243	6,018		199,328.03		33.12	.041		46.98		1.37
SURGERY	1,490	1,760		65,895.02		37.44	.012		44.22		.45
PATHOLOGY	4,633	17,063		213,577.36		12.52	.117		46.10		1.47
RADIOLOGY	3,370	4,583		281,866.08		61.50	.031		83.64		1.94
ROOM USE	10,778	14,945		538,369.47		36.02	.103		49.95		3.70
CROSSOVERS/ALL OTH OUTPTNT	5,780	20,262		466,880.59		23.04	.139		80.78		3.21
@COUNTY HOSPITAL TOTAL	51	223	\$	17,050.90	\$	76.46	.002	\$	334.33	\$	.12
CO HOSPITAL INPATIENT TOTAL	2	9		11,154.02		1239.34	.000		5577.01		.08
HSC HOSPITALS	2	9		11,154.02		1239.34	.000		5577.01		.08
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	50	214		5,896.88		27.56	.001		117.94		.04
MEDICAL	24	33		1,738.88		52.69	.000		72.45		.01
SURGERY	5	6		223.57		37.26	.000		44.71		.00
PATHOLOGY	14	80		993.71		12.42	.001		70.98		.01
RADIOLOGY	8	11		494.36		44.94	.000		61.80		.00
ROOM USE	36	49		2,052.09		41.88	.000		57.00		.01
CROSSOVERS/ALL OTH OUTPTNT	14	35		394.27		11.26	.000		28.16		.00

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SHASTA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	145,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13,768	69,933	\$	9,106,400.17	\$	130.22	.480	\$	62.52
COMM HOSP INPATIENT TOTAL	1,194	5,516		7,346,380.50		1331.83	.038		50.44
HSC HOSPITALS	76	581		812,655.42		1398.72	.004		5.58
NON-HSC HOSPITALS TOTAL	1,106	4,935		6,490,950.61		1315.29	.034		44.57
ACCOMMODATIONS	1,104	4,935		2,313,393.08		468.77	.034		15.88
ADMINISTRATIVE DAYS	3	54		12,258.90		227.02	.000		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	1,102	4,881		2,301,134.18		471.45	.034		15.80
ANCILLARIES	1,106	0		4,177,557.53		.00	.000		28.68
INPATIENT CROSSOVERS	16	0		42,774.47		.00	.000		.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00

COMM HOSP OUTPATIENT TOTAL	13,064	64,417		1,760,019.67		27.32	.442	134.72	12.08
MEDICAL	4,220	5,985		197,589.15		33.01	.041	46.82	1.36
SURGERY	1,485	1,754		65,671.45		37.44	.012	44.22	.45
PATHOLOGY	4,619	16,983		212,583.65		12.52	.117	46.02	1.46
RADIOLOGY	3,362	4,572		281,371.72		61.54	.031	83.69	1.93
ROOM USE	10,745	14,896		536,317.38		36.00	.102	49.91	3.68
CROSSOVERS/ALL OTH OUTPTNT	5,766	20,227		466,486.32		23.06	.139	80.90	3.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	5	44	\$	20,402.08	\$	463.68	.000	\$ 4080.42	\$.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31		17,971.31		579.72	.000	17971.31	.12
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	4	13		2,430.77		186.98	.000	607.69	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	978	\$	45,894.85	\$	46.93	.007	\$ 2549.71	\$.32
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	18	978		45,894.85		46.93	.007	2549.71	.32
@REHABILITATION FACILITY	35	372	\$	5,420.87	\$	14.57	.003	\$ 154.88	\$.04
HOSPITAL BASED	12	71		1,726.40		24.32	.000	143.87	.01
INDEPENDENT FACILITY	23	301		3,694.47		12.27	.002	160.63	.03
@LABORATORY FACILITY	6,417	22,445	\$	321,813.02	\$	14.34	.154	\$ 50.15	\$ 2.21
PATHOLOGY	6,402	22,414		318,252.46		14.20	.154	49.71	2.19
XO AND OTHERS	15	31		3,560.56		114.86	.000	237.37	.02
@ORGANIZED OUTPATIENT CLINIC	28,236	43,436	\$	4,333,301.96	\$	99.76	.298	\$ 153.47	\$ 29.75
CLINIC	1,841	5,478		177,686.56		32.44	.038	96.52	1.22
SURGICENTER	224	902		45,820.30		50.80	.006	204.55	.31
HEROIN DETOX CLINIC	2	26		324.60		12.48	.000	162.30	.00
RURAL HEALTH CLINIC	26,474	37,030		4,109,470.50		110.98	.254	155.23	28.21

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
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SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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	145,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,697	44,073	\$	524,613.06	\$ 11.90	.303	\$ 78.34	\$ 3.60
DURABLE MED. EQUIP.	300	643		40,143.58	62.43	.004	133.81	.28
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	70	138		8,583.00	62.20	.001	122.61	.06
MEDICAL TRANSPORTATION	737	11,294		224,328.86	19.86	.078	304.38	1.54
AMBULANCES/AIR TRANS	715	9,761		149,523.77	15.32	.067	209.12	1.03
OTHER TRANS	16	1,459		6,433.38	4.41	.010	402.09	.04
OTHER SERVICES	55	74		68,371.71	923.94	.001	1243.12	.47
ACUPUNCTURE	12	18		373.43	20.75	.000	31.12	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	246	246		25,758.00	104.71	.002	104.71	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	14		193.35	13.81	.000	64.45	.00
OPTICIAN	1,726	3,939		40,702.01	10.33	.027	23.58	.28
PHYSICAL THERAPIST	301	3,317		46,816.92	14.11	.023	155.54	.32

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	245	328	23,424.01	71.41	.002	95.61	.16
PROSTHETICS	242	325	23,327.12	71.78	.002	96.39	.16
ORTHOTICS	3	3	96.89	32.30	.000	32.30	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	93	285	16,142.87	56.64	.002	173.58	.11
HOSPICE SERVICES	2	17	2,260.83	132.99	.000	1130.42	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,806	8,884	84,719.93	9.54	.061	30.19	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	305	14,950	11,166.27	.75	.103	36.61	.08
@CALIF. CHILDREN SERVICES*	352	5,455	\$ 1,321,847.54	\$ 242.32	.037	\$ 3755.25	\$ 9.08
@XOVER EXCLUDING STATE HOSP**	292	1,576	\$ 67,149.54	\$ 42.61	.011	\$ 229.96	\$.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,189
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SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

162,124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93,292	690,838	\$ 35,230,067.97	\$ 51.00	4.261	\$ 377.63	\$ 217.30
@PHYSICIANS SERVICES	23,430	87,737	\$ 3,185,135.22	\$ 36.30	.541	\$ 135.94	\$ 19.65
OUTPATIENT VISITS	12,910	19,186	768,587.60	40.06	.118	59.53	4.74
OFFICE VISITS	6,212	7,510	253,060.81	33.70	.046	40.74	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6,562	7,551	412,449.69	54.62	.047	62.85	2.54
PREVENTIVE CARE	35	34	1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI	582	3,967	97,810.98	24.66	.024	168.06	.60
OTHER OUTPATIENT	117	124	3,909.39	31.53	.001	33.41	.02
INPATIENT VISITS	1,193	4,605	326,764.27	70.96	.028	273.90	2.02
HOSPITAL VISITS	1,109	3,453	160,896.00	46.60	.021	145.08	.99
CRITICAL CARE	198	1,144	165,608.75	144.76	.007	836.41	1.02
SNF/ICF/TRANS IP CARE	5	8	259.52	32.44	.000	51.90	.00
OPHTHALMOLOGICAL SERVICES	296	317	13,838.40	43.65	.002	46.75	.09
EXAMINATIONS	296	317	13,838.40	43.65	.002	46.75	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,053	10,734	510,748.86	47.58	.066	485.04	3.15
PRINCIPAL SURGEON	754	1,062	420,610.02	396.05	.007	557.84	2.59
ASSISTANT SURGEON	97	98	16,831.09	171.75	.001	173.52	.10
ANESTHESIOLOGIST	351	9,574	73,307.75	7.66	.059	208.85	.45
OUTPATIENT SURGERY	2,149	21,049	423,291.42	20.11	.130	196.97	2.61
PRINCIPAL SURGEON	1,844	2,294	358,874.68	156.44	.014	194.62	2.21
ASSISTANT SURGEON	40	40	4,017.20	100.43	.000	100.43	.02
ANESTHESIOLOGIST	427	18,715	60,399.54	3.23	.115	141.45	.37
DIALYSIS	19	65	6,064.78	93.30	.000	319.20	.04
PATHOLOGY	819	1,568	16,812.93	10.72	.010	20.53	.10
RADIOLOGY	7,297	12,089	718,474.93	59.43	.075	98.46	4.43
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	316	895	54,337.67	60.71	.006	171.95	.34
OTHER SERVICES/ALL X-OVERS	4,968	17,227	346,067.78	20.09	.106	69.66	2.13
@PHARMACY	52,514	224,931	\$ 12,156,571.01	\$ 54.05	1.387	\$ 231.49	\$ 74.98
PRESCRIPTION DRUGS	52,072	163,069	11,952,096.94	73.29	1.006	229.53	73.72

SNF/ICF	301	2,468	150,272.80	60.89	.015	499.25	.93
OUTPATIENTS	51,790	160,601	11,801,824.14	73.49	.991	227.88	72.80
MEDICAL SUPPLIES	2,305	61,862	204,474.07	3.31	.382	88.71	1.26
@DENTIST	6,980	36,816	\$ 1,232,872.41	\$ 33.49	.227	\$ 176.63	\$ 7.60
VISITS - DIAGNOSTIC	5,124	24,882	332,126.77	13.35	.153	64.82	2.05
ORAL SURGERY	1,156	2,852	186,314.94	65.33	.018	161.17	1.15
DRUGS	94	185	2,520.00	13.62	.001	26.81	.02
ANESTHESIA	166	166	15,900.00	95.78	.001	95.78	.10
PERIODONTICS	232	234	25,144.00	107.45	.001	108.38	.16
ENDODONTICS	584	917	169,364.75	184.69	.006	290.01	1.04
RESTORATIVE DENTISTRY	2,216	6,103	360,187.45	59.02	.038	162.54	2.22
PROSTHETICS	25	28	820.00	29.29	.000	32.80	.01
DENTURES, STAYPLATES	305	832	103,429.80	124.31	.005	339.11	.64
SPACE MAINTAINERS	43	55	6,211.00	112.93	.000	144.44	.04
MAXILLOFACIAL SERVICES	15	18	4,978.70	276.59	.000	331.91	.03
FRACTURES, DISLOCATIONS	4	4	4,700.00	1175.00	.000	1175.00	.03
ORTHODONTIC SERVICES	216	261	20,275.00	77.68	.002	93.87	.13
ALL OTHER SERVICES	134	279	900.00	3.23	.002	6.72	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,190
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
162,124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2,659	7,634	\$ 170,569.22	\$ 22.34	.047	\$ 64.15	\$ 1.05	
DIAGNOSTIC AND ANC. PROCED	1,737	1,843	77,671.10	42.14	.011	44.72	.48	
EYE APPLIANCES	1,858	5,502	85,902.54	15.61	.034	46.23	.53	
OTHER OPTOMETRIC SERVICES	211	289	6,995.58	24.21	.002	33.15	.04	
@CHIROPRACTOR	1,693	2,656	\$ 44,079.07	\$ 16.60	.016	\$ 26.04	\$.27	
VISITS	1,671	2,625	43,640.80	16.63	.016	26.12	.27	
OTHER SERVICES	22	31	438.27	14.14	.000	19.92	.00	
@PODIATRIST	50	88	\$ 1,332.54	\$ 15.14	.001	\$ 26.65	\$.01	

MEDICINE/INJECTIONS	17	24		789.42	32.89	.000	46.44	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		24.22	24.22	.000	24.22	.00
OTHER	33	63		518.90	8.24	.000	15.72	.00
@HOME HEALTH AGENCY	585	14,399	\$	458,178.72	\$ 31.82	.089	\$ 783.21	\$ 2.83
NURSE ANESTHESIST	17	190	\$	2,128.09	\$ 11.20	.001	\$ 125.18	\$.01
NURSE MIDWIFE	4	5	\$	1,762.92	\$ 352.58	.000	\$ 440.73	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	218	307	\$	7,126.58	\$ 23.21	.002	\$ 32.69	\$.04
@TOTAL HOSPITAL	15,027	77,290	\$	10,402,920.38	\$ 134.60	.477	\$ 692.28	\$ 64.17
HOSP INPATIENT TOTAL	1,497	5,938		8,350,251.94	1406.24	.037	5577.99	51.51
HSC HOSPITALS	91	666		938,501.44	1409.16	.004	10313.20	5.79
NON-HSC HOSPITAL TOTAL	1,188	5,272		7,190,545.29	1363.91	.033	6052.65	44.35
ACCOMMODATIONS	1,184	5,272		2,462,753.91	467.14	.033	2080.03	15.19
ADMINISTRATIVE DAYS	6	57		12,837.15	225.21	.000	2139.53	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,179	5,215		2,449,916.76	469.78	.032	2077.96	15.11
ANCILLARIES	1,188	0		4,727,791.38	.00	.000	3979.62	29.16
INPATIENT CROSSOVERS	224	0		221,205.21	.00	.000	987.52	1.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,070	71,352		2,052,668.44	28.77	.440	145.89	12.66
MEDICAL	4,423	6,428		236,766.47	36.83	.040	53.53	1.46
SURGERY	1,550	1,826		69,424.70	38.02	.011	44.79	.43
PATHOLOGY	4,834	18,205		226,188.61	12.42	.112	46.79	1.40
RADIOLOGY	3,525	4,876		301,370.34	61.81	.030	85.50	1.86
ROOM USE	11,044	15,322		553,316.26	36.11	.095	50.10	3.41
CROSSOVERS/ALL OTH OUTPTNT	6,559	24,695		665,602.06	26.95	.152	101.48	4.11
@COUNTY HOSPITAL TOTAL	56	248	\$	37,428.32	\$ 150.92	.002	\$ 668.36	\$.23
CO HOSPITAL INPATIENT TOTAL	4	24		31,434.02	1309.75	.000	7858.51	.19
HSC HOSPITALS	4	24		31,434.02	1309.75	.000	7858.51	.19
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	53	224		5,994.30	26.76	.001	113.10	.04
MEDICAL	24	33		1,738.88	52.69	.000	72.45	.01
SURGERY	5	6		223.57	37.26	.000	44.71	.00
PATHOLOGY	15	82		1,028.05	12.54	.001	68.54	.01
RADIOLOGY	8	11		494.36	44.94	.000	61.80	.00
ROOM USE	36	49		2,052.09	41.88	.000	57.00	.01
CROSSOVERS/ALL OTH OUTPTNT	16	43		457.35	10.64	.000	28.58	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,191
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
162,124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	14,977	77,042	\$ 10,365,492.06	\$ 134.54	.475	\$ 692.09	\$ 63.94	
COMM HOSP INPATIENT TOTAL	1,493	5,914	8,318,817.92	1406.63	.036	5571.88	51.31	
HSC HOSPITALS	87	642	907,067.42	1412.88	.004	10426.06	5.59	
NON-HSC HOSPITALS TOTAL	1,188	5,272	7,190,545.29	1363.91	.033	6052.65	44.35	
ACCOMMODATIONS	1,184	5,272	2,462,753.91	467.14	.033	2080.03	15.19	

ADMINISTRATIVE DAYS	6	57		12,837.15	225.21	.000	2139.53	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,179	5,215		2,449,916.76	469.78	.032	2077.96	15.11
ANCILLARIES	1,188	0		4,727,791.38	.00	.000	3979.62	29.16
INPATIENT CROSSOVERS	224	0		221,205.21	.00	.000	987.52	1.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14,023	71,128		2,046,674.14	28.77	.439	145.95	12.62
MEDICAL	4,400	6,395		235,027.59	36.75	.039	53.42	1.45
SURGERY	1,545	1,820		69,201.13	38.02	.011	44.79	.43
PATHOLOGY	4,819	18,123		225,160.56	12.42	.112	46.72	1.39
RADIOLOGY	3,517	4,865		300,875.98	61.85	.030	85.55	1.86
ROOM USE	11,011	15,273		551,264.17	36.09	.094	50.06	3.40
CROSSOVERS/ALL OTH OUTPTNT	6,543	24,652		665,144.71	26.98	.152	101.66	4.10
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	317	7,371	\$	1,125,329.37	152.67	.045	3549.93	6.94
LEV A-INTERMEDIATE	10	251		22,473.89	89.54	.002	2247.39	.14
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	91		51,160.31	562.20	.001	12790.08	.32
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	304	7,029		1,051,695.17	149.62	.043	3459.52	6.49
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	86	1,095	\$	102,386.41	93.50	.007	1190.54	.63
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	86	1,095		102,386.41	93.50	.007	1190.54	.63
@REHABILITATION FACILITY	58	860	\$	11,522.16	13.40	.005	198.66	.07
HOSPITAL BASED	13	77		1,902.86	24.71	.000	146.37	.01
INDEPENDENT FACILITY	45	783		9,619.30	12.29	.005	213.76	.06
@LABORATORY FACILITY	6,908	24,272	\$	345,418.27	14.23	.150	50.00	2.13
PATHOLOGY	6,784	24,011		336,512.84	14.01	.148	49.60	2.08
XO AND OTHERS	124	261		8,905.43	34.12	.002	71.82	.05
@ORGANIZED OUTPATIENT CLINIC	31,778	49,285	\$	4,675,795.11	94.87	.304	147.14	28.84
CLINIC	1,859	5,549		179,040.84	32.27	.034	96.31	1.10
SURGICENTER	343	1,124		72,560.35	64.56	.007	211.55	.45
HEROIN DETOX CLINIC	3	37		472.68	12.78	.000	157.56	.00
RURAL HEALTH CLINIC	29,901	42,575		4,423,721.24	103.90	.263	147.95	27.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,192
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	162,124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9,679	155,902	\$	1,306,940.49	8.38	.962	135.03	8.06
DURABLE MED. EQUIP.	483	1,421		120,262.51	84.63	.009	248.99	.74
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	183	356		44,292.79	124.42	.002	242.04	.27
MEDICAL TRANSPORTATION	1,083	38,386		327,444.60	8.53	.237	302.35	2.02
AMBULANCES/AIR TRANS	811	11,550		173,747.19	15.04	.071	214.24	1.07
OTHER TRANS	250	26,552		76,116.32	2.87	.164	304.47	.47
OTHER SERVICES	105	284		77,581.09	273.17	.002	738.87	.48
ACUPUNCTURE	16	28		538.33	19.23	.000	33.65	.00

ADULT DAY HEALTH CARE CTR	120	1,350	93,995.64	69.63	.008	783.30	.58
GENETIC DISEASE TESTING	246	246	25,758.00	104.71	.002	104.71	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	324	10,030	323,553.27	32.26	.062	998.62	2.00
OCCUPATIONAL THERAPIST	3	14	193.35	13.81	.000	64.45	.00
OPTICIAN	2,180	5,083	53,341.77	10.49	.031	24.47	.33
PHYSICAL THERAPIST	317	3,549	49,749.53	14.02	.022	156.94	.31
PORTABLE X-RAY	5	16	16.19	1.01	.000	3.24	.00
PROSTHETIST/ORTHOTISTS	285	429	30,582.97	71.29	.003	107.31	.19
PROSTHETICS	282	426	30,486.08	71.56	.003	108.11	.19
ORTHOTICS	3	3	96.89	32.30	.000	32.30	.00
PSYCHOLOGIST	1	1	34.61	34.61	.000	34.61	.00
SPEECH AND AUDIOLOGY	173	482	30,219.55	62.70	.003	174.68	.19
HOSPICE SERVICES	13	228	29,931.25	131.28	.001	2302.40	.18
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,843	10,708	97,291.65	9.09	.066	34.22	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,898	83,575	79,734.48	.95	.516	42.01	.49
@CALIF. CHILDREN SERVICES*	407	6,146	\$ 1,360,016.16	\$ 221.28	.038	\$ 3341.56	\$ 8.39
@XOVER EXCLUDING STATE HOSP**	4,595	31,745	\$ 752,860.37	\$ 23.72	.196	\$ 163.84	\$ 4.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,193
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	498	4,703	\$ 423,401.16	\$ 90.03	13.100	\$ 850.20	\$ 1179.39
@PHYSICIANS SERVICES	116	477	\$ 16,796.64	\$ 35.21	1.329	\$ 144.80	\$ 46.79
OUTPATIENT VISITS	1	1	35.48	35.48	.003	35.48	.10
OFFICE VISITS	1	1	35.48	35.48	.003	35.48	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	11	570.21	51.84	.031	142.55	1.59
HOSPITAL VISITS	4	10	448.61	44.86	.028	112.15	1.25
CRITICAL CARE	1	1	121.60	121.60	.003	121.60	.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	3,152.15	1050.72	.008	1576.08	8.78
PRINCIPAL SURGEON	2	3	3,152.15	1050.72	.008	1576.08	8.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	2	6		44.82		7.47	.017	22.41	.12
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	23		2,200.87		95.69	.064	1100.44	6.13
OTHER SERVICES/ALL X-OVERS	112	433		10,793.11		24.93	1.206	96.37	30.06
@PHARMACY	210	1,489	\$	82,196.29	\$	55.20	4.148	\$ 391.41	\$ 228.96
PRESCRIPTION DRUGS	196	1,152		80,418.13		69.81	3.209	410.30	224.01
SNF/ICF	79	739		32,628.97		44.15	2.058	413.02	90.89
OUTPATIENTS	117	413		47,789.16		115.71	1.150	408.45	133.12
MEDICAL SUPPLIES	28	337		1,778.16		5.28	.939	63.51	4.95
@DENTIST	37	114	\$	4,071.00	\$	35.71	.318	\$ 110.03	\$ 11.34
VISITS - DIAGNOSTIC	22	49		502.00		10.24	.136	22.82	1.40
ORAL SURGERY	7	32		588.00		18.38	.089	84.00	1.64
DRUGS	1	2		.00		.00	.006	.00	.00
ANESTHESIA	1	1		.00		.00	.003	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		215.00		215.00	.003	215.00	.60
RESTORATIVE DENTISTRY	8	17		1,417.00		83.35	.047	177.13	3.95
PROSTHETICS	1	1		.00		.00	.003	.00	.00
DENTURES, STAYPLATES	6	11		1,349.00		122.64	.031	224.83	3.76
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED								
AID CODE 17 1Y									PAGE 14,194
									03/14/05

359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	23	\$ 410.02	\$ 17.83	.064	\$ 58.57	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	7	20	352.16	17.61	.056	50.31	.98
OTHER OPTOMETRIC SERVICES	1	3	57.86	19.29	.008	57.86	.16
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 15.31	\$ 3.83	.011	\$ 3.83	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	15.31	3.83	.011	3.83	.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	58	314	\$ 91,580.21	\$ 291.66	.875	\$ 1578.97	\$ 255.10
HOSP INPATIENT TOTAL	32	43	82,756.42	1924.57	.120	2586.14	230.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	43	60,921.49	1416.78	.120	60921.49	169.70
ACCOMMODATIONS	1	43	21,548.74	501.13	.120	21548.74	60.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	43	21,548.74	501.13	.120	21548.74	60.02
ANCILLARIES	1	0	39,372.75	.00	.000	39372.75	109.67

INPATIENT CROSSOVERS	31	0	21,834.93	.00	.000	704.35	60.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	271	8,823.79	32.56	.755	315.14	24.58
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	15	1,841.45	122.76	.042	1841.45	5.13
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	27	256	6,982.34	27.27	.713	258.61	19.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,195
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

	359 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	314	\$	91,580.21	\$ 291.66	.875	\$ 1578.97	\$ 255.10
COMM HOSP INPATIENT TOTAL	32	43		82,756.42	1924.57	.120	2586.14	230.52
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	43		60,921.49	1416.78	.120	60921.49	169.70
ACCOMMODATIONS	1	43		21,548.74	501.13	.120	21548.74	60.02
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	43		21,548.74	501.13	.120	21548.74	60.02
ANCILLARIES	1	0		39,372.75	.00	.000	39372.75	109.67
INPATIENT CROSSOVERS	31	0		21,834.93	.00	.000	704.35	60.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	271		8,823.79	32.56	.755	315.14	24.58
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	15		1,841.45	122.76	.042	1841.45	5.13
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	27	256		6,982.34	27.27	.713	258.61	19.45
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	89	1,855	\$	210,501.86	\$ 113.48	5.167	\$ 2365.19	\$ 586.36
LEV A-INTERMEDIATE	22	414		31,088.12	75.09	1.153	1413.10	86.60
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	68	1,441		179,413.74	124.51	4.014	2638.44	499.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	3	\$	1,068.77	\$ 356.26	.008	\$ 534.39	\$ 2.98
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	3		1,068.77	356.26	.008	534.39	2.98
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$	40.84	\$ 8.17	.014	\$ 20.42	\$.11
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	5		40.84	8.17	.014	20.42	.11
@ORGANIZED OUTPATIENT CLINIC	56	91	\$	4,088.92	\$ 44.93	.253	\$ 73.02	\$ 11.39
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	4	8		1,474.35	184.29	.022	368.59	4.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	52	83		2,614.57	31.50	.231	50.28	7.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
					AID CODE 17 1Y			
						----- MONTHLY AVERAGE -----		
359 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	74	328	\$	12,631.30	\$ 38.51	.914	\$ 170.69	\$ 35.18
DURABLE MED. EQUIP.	6	10		6,435.71	643.57	.028	1072.62	17.93
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	3	9	2,595.73	288.41	.025	865.24	7.23
MEDICAL TRANSPORTATION	31	200	1,194.67	5.97	.557	38.54	3.33
AMBULANCES/AIR TRANS	3	3	87.97	29.32	.008	29.32	.25
OTHER TRANS	29	192	1,047.40	5.46	.535	36.12	2.92
OTHER SERVICES	5	5	59.30	11.86	.014	11.86	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	22	236.96	10.77	.061	23.70	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	1,394.90	232.48	.017	464.97	3.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	81	773.33	9.55	.226	29.74	2.15
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	206	915	72,146.13	78.85	2.549	350.22	200.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 14,197
03/14/05

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,198
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

	02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,199
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,200
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

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422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	682	6,787	\$ 818,888.00	\$ 120.66	16.083	\$ 1200.72	\$ 1940.49
@PHYSICIANS SERVICES	219	1,351	\$ 56,719.16	\$ 41.98	3.201	\$ 258.99	\$ 134.41
OUTPATIENT VISITS	58	78	4,421.50	56.69	.185	76.23	10.48
OFFICE VISITS	34	46	1,987.50	43.21	.109	58.46	4.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	27	2,289.60	84.80	.064	104.07	5.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	144.40	28.88	.012	36.10	.34
INPATIENT VISITS	34	149	6,571.79	44.11	.353	193.29	15.57
HOSPITAL VISITS	33	139	5,481.19	39.43	.329	166.10	12.99
CRITICAL CARE	5	10	1,090.60	109.06	.024	218.12	2.58
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	25	331		11,607.16	35.07	.784	464.29	27.51
PRINCIPAL SURGEON	20	39		8,730.55	223.86	.092	436.53	20.69
ASSISTANT SURGEON	4	4		575.82	143.96	.009	143.96	1.36
ANESTHESIOLOGIST	7	288		2,300.79	7.99	.682	328.68	5.45
OUTPATIENT SURGERY	19	180		5,566.78	30.93	.427	292.99	13.19
PRINCIPAL SURGEON	18	36		5,098.00	141.61	.085	283.22	12.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	144		468.78	3.26	.341	156.26	1.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	38		1,416.03	37.26	.090	177.00	3.36
RADIOLOGY	66	251		20,101.41	80.09	.595	304.57	47.63
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	62		79.17	1.28	.147	26.39	.19
OTHER SERVICES/ALL X-OVERS	119	262		6,955.32	26.55	.621	58.45	16.48
@PHARMACY	382	2,824	\$	389,924.39	\$ 138.08	6.692	\$ 1020.74	\$ 923.99
PRESCRIPTION DRUGS	367	1,918		387,457.13	202.01	4.545	1055.74	918.14
SNF/ICF	2	16		620.28	38.77	.038	310.14	1.47
OUTPATIENTS	365	1,902		386,836.85	203.38	4.507	1059.83	916.68
MEDICAL SUPPLIES	36	906		2,467.26	2.72	2.147	68.54	5.85
@DENTIST	60	230	\$	6,183.17	\$ 26.88	.545	\$ 103.05	\$ 14.65
VISITS - DIAGNOSTIC	36	110		840.48	7.64	.261	23.35	1.99
ORAL SURGERY	12	48		760.20	15.84	.114	63.35	1.80
DRUGS	2	3		55.00	18.33	.007	27.50	.13
ANESTHESIA	1	1		100.00	100.00	.002	100.00	.24
PERIODONTICS	2	2		236.00	118.00	.005	118.00	.56
ENDODONTICS	2	2		290.00	145.00	.005	145.00	.69
RESTORATIVE DENTISTRY	11	39		2,111.00	54.13	.092	191.91	5.00
PROSTHETICS	3	3		88.50	29.50	.007	29.50	.21
DENTURES, STAYPLATES	11	17		1,701.99	100.12	.040	154.73	4.03
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	5		.00	.00	.012	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

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422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	25	\$ 510.56	\$ 20.42	.059	\$ 51.06	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	4	4	164.94	41.24	.009	41.24	.39
EYE APPLIANCES	6	17	297.35	17.49	.040	49.56	.70
OTHER OPTOMETRIC SERVICES	2	4	48.27	12.07	.009	24.14	.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	17	\$ 1,237.76	\$ 72.81	.040	\$ 206.29	\$ 2.93
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	108	1,254	\$	323,661.77	\$	258.10	2.972	\$	2996.87	\$	766.97
HOSP INPATIENT TOTAL	40	203		275,763.62		1358.44	.481		6894.09		653.47
HSC HOSPITALS	7	65		74,277.09		1142.72	.154		10611.01		176.01
NON-HSC HOSPITAL TOTAL	22	138		189,745.20		1374.97	.327		8624.78		449.63
ACCOMMODATIONS	22	138		50,282.88		364.37	.327		2285.59		119.15
ADMINISTRATIVE DAYS	1	12		1,987.05		165.59	.028		1987.05		4.71
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	126		48,295.83		383.30	.299		2299.80		114.45
ANCILLARIES	22	0		139,462.32		.00	.000		6339.20		330.48
INPATIENT CROSSOVERS	12	0		11,741.33		.00	.000		978.44		27.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	75	1,051		47,898.15		45.57	2.491		638.64		113.50
MEDICAL	31	125		16,185.02		129.48	.296		522.10		38.35
SURGERY	9	12		407.74		33.98	.028		45.30		.97
PATHOLOGY	29	356		4,561.21		12.81	.844		157.28		10.81
RADIOLOGY	27	44		7,325.03		166.48	.104		271.30		17.36
ROOM USE	36	60		2,791.60		46.53	.142		77.54		6.62
CROSSOVERS/ALL OTH OUTPTNT	50	454		16,627.55		36.62	1.076		332.55		39.40
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,203
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	1,254	\$	323,661.77	\$ 258.10	2.972	\$ 2996.87	\$ 766.97
COMM HOSP INPATIENT TOTAL	40	203		275,763.62	1358.44	.481	6894.09	653.47
HSC HOSPITALS	7	65		74,277.09	1142.72	.154	10611.01	176.01
NON-HSC HOSPITALS TOTAL	22	138		189,745.20	1374.97	.327	8624.78	449.63
ACCOMMODATIONS	22	138		50,282.88	364.37	.327	2285.59	119.15
ADMINISTRATIVE DAYS	1	12		1,987.05	165.59	.028	1987.05	4.71
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	126		48,295.83	383.30	.299	2299.80	114.45
ANCILLARIES	22	0		139,462.32	.00	.000	6339.20	330.48
INPATIENT CROSSOVERS	12	0		11,741.33	.00	.000	978.44	27.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	75	1,051		47,898.15		45.57	2.491	638.64	113.50
MEDICAL	31	125		16,185.02		129.48	.296	522.10	38.35
SURGERY	9	12		407.74		33.98	.028	45.30	.97
PATHOLOGY	29	356		4,561.21		12.81	.844	157.28	10.81
RADIOLOGY	27	44		7,325.03		166.48	.104	271.30	17.36
ROOM USE	36	60		2,791.60		46.53	.142	77.54	6.62
CROSSOVERS/ALL OTH OUTPTNT	50	454		16,627.55		36.62	1.076	332.55	39.40
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	3	39	\$	5,383.31	\$	138.03	.092	1794.44	12.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	39		5,383.31		138.03	.092	1794.44	12.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	4	\$	1,184.59	\$	296.15	.009	394.86	2.81
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	4		1,184.59		296.15	.009	394.86	2.81
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	36	338	\$	2,754.81	\$	8.15	.801	76.52	6.53
PATHOLOGY	32	330		2,686.06		8.14	.782	83.94	6.37
XO AND OTHERS	4	8		68.75		8.59	.019	17.19	.16
@ORGANIZED OUTPATIENT CLINIC	148	244	\$	15,641.66	\$	64.11	.578	105.69	37.07
CLINIC	1	1		13.76		13.76	.002	13.76	.03
SURGICENTER	2	8		220.40		27.55	.019	110.20	.52
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	145	235		15,407.50		65.56	.557	106.26	36.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,204
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	72	461	\$	15,686.82	\$ 34.03	1.092	\$ 217.87	\$ 37.17
DURABLE MED. EQUIP.	15	27		2,610.84	96.70	.064	174.06	6.19
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	116		4,953.35	42.70	.275	309.58	11.74
AMBULANCES/AIR TRANS	15	88		1,811.85	20.59	.209	120.79	4.29
OTHER TRANS	1	26		66.50	2.56	.062	66.50	.16
OTHER SERVICES	2	2		3,075.00	1537.50	.005	1537.50	7.29
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	28		4,518.95	161.39	.066	502.11	10.71
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	23		270.42	11.76	.055	33.80	.64
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	13.40	13.40	.002	13.40	.03
PROSTHETICS	1	1	13.40	13.40	.002	13.40	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	20	2,659.80	132.99	.047	1329.90	6.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	16.98	5.66	.007	16.98	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	243	643.08	2.65	.576	27.96	1.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	111	1,122	\$ 20,434.60	\$ 18.21	2.659	\$ 184.10	\$ 48.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,205
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

712 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,112	9,004	\$ 1,057,364.77	\$ 117.43	12.646	\$ 950.87	\$ 1485.06
@PHYSICIANS SERVICES	466	3,409	\$ 133,600.41	\$ 39.19	4.788	\$ 286.70	\$ 187.64
OUTPATIENT VISITS	194	241	13,160.91	54.61	.338	67.84	18.48
OFFICE VISITS	74	93	3,024.65	32.52	.131	40.87	4.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	124	146	10,071.61	68.98	.205	81.22	14.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	18.63	.00	.000	.00	.03

OTHER OUTPATIENT	2	2		46.02	23.01	.003	23.01	.06
INPATIENT VISITS	70	257		13,916.19	54.15	.361	198.80	19.55
HOSPITAL VISITS	68	220		10,590.24	48.14	.309	155.74	14.87
CRITICAL CARE	12	37		3,325.95	89.89	.052	277.16	4.67
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		46.44	23.22	.003	23.22	.07
EXAMINATIONS	2	2		46.44	23.22	.003	23.22	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	634		34,239.18	54.01	.890	534.99	48.09
PRINCIPAL SURGEON	48	95		29,119.10	306.52	.133	606.65	40.90
ASSISTANT SURGEON	5	6		849.85	141.64	.008	169.97	1.19
ANESTHESIOLOGIST	17	533		4,270.23	8.01	.749	251.19	6.00
OUTPATIENT SURGERY	67	1,241		20,276.56	16.34	1.743	302.64	28.48
PRINCIPAL SURGEON	55	77		17,664.22	229.41	.108	321.17	24.81
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16	1,164		2,612.34	2.24	1.635	163.27	3.67
DIALYSIS	4	28		1,392.06	49.72	.039	348.02	1.96
PATHOLOGY	12	22		165.49	7.52	.031	13.79	.23
RADIOLOGY	189	426		17,297.21	40.60	.598	91.52	24.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	322		23,188.27	72.01	.452	1932.36	32.57
OTHER SERVICES/ALL X-OVERS	102	236		9,918.10	42.03	.331	97.24	13.93
@PHARMACY	315	1,094	\$	105,216.47	\$ 96.18	1.537	\$ 334.02	\$ 147.78
PRESCRIPTION DRUGS	309	1,037		103,459.93	99.77	1.456	334.82	145.31
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	309	1,037		103,459.93	99.77	1.456	334.82	145.31
MEDICAL SUPPLIES	19	57		1,756.54	30.82	.080	92.45	2.47
@DENTIST	105	554	\$	16,236.00	\$ 29.31	.778	\$ 154.63	\$ 22.80
VISITS - DIAGNOSTIC	71	321		2,249.00	7.01	.451	31.68	3.16
ORAL SURGERY	18	38		1,342.00	35.32	.053	74.56	1.88
DRUGS	4	9		90.00	10.00	.013	22.50	.13
ANESTHESIA	4	4		100.00	25.00	.006	25.00	.14
PERIODONTICS	4	4		.00	.00	.006	.00	.00
ENDODONTICS	9	14		2,609.00	186.36	.020	289.89	3.66
RESTORATIVE DENTISTRY	35	132		8,989.00	68.10	.185	256.83	12.63
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	20		857.00	42.85	.028	214.25	1.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	12		.00	.00	.017	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,206
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37							

712 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	24	64	\$ 1,434.69	\$ 22.42	.090	\$ 59.78	\$ 2.02
DIAGNOSTIC AND ANC. PROCED	17	18	719.54	39.97	.025	42.33	1.01
EYE APPLIANCES	17	44	691.74	15.72	.062	40.69	.97
OTHER OPTOMETRIC SERVICES	2	2	23.41	11.71	.003	11.71	.03
@CHIROPRACTOR	3	3	\$ 50.16	\$ 16.72	.004	\$ 16.72	\$.07
VISITS	3	3	50.16	16.72	.004	16.72	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	15	\$ 1,070.14	\$ 71.34	.021	\$ 267.54	\$ 1.50
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	3	\$ 34.40	\$ 11.47	.004	\$ 34.40	\$.05
@TOTAL HOSPITAL	369	2,301	\$ 744,892.92	\$ 323.73	3.232	\$ 2018.68	\$ 1046.20
HOSP INPATIENT TOTAL	57	288	688,757.08	2391.52	.404	12083.46	967.36
HSC HOSPITALS	3	2	1,316.52	658.26	.003	438.84	1.85
NON-HSC HOSPITAL TOTAL	54	286	687,440.56	2403.64	.402	12730.38	965.51
ACCOMMODATIONS	54	286	113,227.22	395.90	.402	2096.80	159.03
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.025	4163.40	5.85
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	54	268	109,063.82	406.95	.376	2019.70	153.18
ANCILLARIES	54	0	574,213.34	.00	.000	10633.58	806.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	320	2,013	56,135.84	27.89	2.827	175.42	78.84
MEDICAL	122	200	3,958.53	19.79	.281	32.45	5.56
SURGERY	57	62	2,283.65	36.83	.087	40.06	3.21
PATHOLOGY	128	554	5,090.72	9.19	.778	39.77	7.15
RADIOLOGY	136	198	13,468.48	68.02	.278	99.03	18.92
ROOM USE	229	297	8,615.51	29.01	.417	37.62	12.10
CROSSOVERS/ALL OTH OUTPTNT	165	702	22,718.95	32.36	.986	137.69	31.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	712 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	369	2,301	\$ 744,892.92	\$ 323.73	3.232	\$ 2018.68	\$ 1046.20	
COMM HOSP INPATIENT TOTAL	57	288	688,757.08	2391.52	.404	12083.46	967.36	
HSC HOSPITALS	3	2	1,316.52	658.26	.003	438.84	1.85	
NON-HSC HOSPITALS TOTAL	54	286	687,440.56	2403.64	.402	12730.38	965.51	
ACCOMMODATIONS	54	286	113,227.22	395.90	.402	2096.80	159.03	

ADMINISTRATIVE DAYS	1	18		4,163.40	231.30	.025	4163.40	5.85
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	54	268		109,063.82	406.95	.376	2019.70	153.18
ANCILLARIES	54	0		574,213.34	.00	.000	10633.58	806.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	320	2,013		56,135.84	27.89	2.827	175.42	78.84
MEDICAL	122	200		3,958.53	19.79	.281	32.45	5.56
SURGERY	57	62		2,283.65	36.83	.087	40.06	3.21
PATHOLOGY	128	554		5,090.72	9.19	.778	39.77	7.15
RADIOLOGY	136	198		13,468.48	68.02	.278	99.03	18.92
ROOM USE	229	297		8,615.51	29.01	.417	37.62	12.10
CROSSOVERS/ALL OTH OUTPTNT	165	702		22,718.95	32.36	.986	137.69	31.91
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	105	\$	6,983.39	\$ 66.51	.147	\$ 2327.80	\$ 9.81
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	105		6,983.39	66.51	.147	2327.80	9.81
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	106	404	\$	5,331.24	\$ 13.20	.567	\$ 50.29	\$ 7.49
PATHOLOGY	106	404		5,331.24	13.20	.567	50.29	7.49
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	171	275	\$	25,649.26	\$ 93.27	.386	\$ 150.00	\$ 36.02
CLINIC	10	30		593.25	19.78	.042	59.33	.83
SURGICENTER	6	24		868.90	36.20	.034	144.82	1.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	158	221		24,187.11	109.44	.310	153.08	33.97

#CALIF DEPT OF HEALTH SERV MPO24
SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

		----- MONTHLY AVERAGE -----						
712 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	79	777	\$ 16,865.69	\$ 21.71	1.091	\$ 213.49	\$ 23.69	
DURABLE MED. EQUIP.	12	34	1,735.91	51.06	.048	144.66	2.44	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	32	590	12,692.73	21.51	.829	396.65	17.83	
AMBULANCES/AIR TRANS	29	398	6,692.62	16.82	.559	230.78	9.40	
OTHER TRANS	4	189	1,125.11	5.95	.265	281.28	1.58	
OTHER SERVICES	3	3	4,875.00	1625.00	.004	1625.00	6.85	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.004	104.37	.29
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	35	351.93	10.06	.049	23.46	.49
PHYSICAL THERAPIST	4	86	1,147.63	13.34	.121	286.91	1.61
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	224.68	56.17	.006	74.89	.32
PROSTHETICS	3	4	224.68	56.17	.006	74.89	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	22	315.36	14.33	.031	26.28	.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	83.71	41.86	.003	41.86	.12
@CALIF. CHILDREN SERVICES*	12	137	\$ 65,745.98	\$ 479.90	.192	\$ 5478.83	\$ 92.34
@XOVER EXCLUDING STATE HOSP**	2	7	\$ 61.53	\$ 8.79	.010	\$ 30.77	\$.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,209
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,292	20,494	\$ 2,299,653.93	\$ 112.21	13.708	\$ 1003.34	\$ 1538.23
@PHYSICIANS SERVICES	801	5,237	\$ 207,116.21	\$ 39.55	3.503	\$ 258.57	\$ 138.54
OUTPATIENT VISITS	253	320	17,617.89	55.06	.214	69.64	11.78
OFFICE VISITS	109	140	5,047.63	36.05	.094	46.31	3.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	146	173	12,361.21	71.45	.116	84.67	8.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	18.63	.00	.000	.00	.01
OTHER OUTPATIENT	6	7	190.42	27.20	.005	31.74	.13
INPATIENT VISITS	108	417	21,058.19	50.50	.279	194.98	14.09
HOSPITAL VISITS	105	369	16,520.04	44.77	.247	157.33	11.05
CRITICAL CARE	18	48	4,538.15	94.54	.032	252.12	3.04
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	46.44	23.22	.001	23.22	.03
EXAMINATIONS	2	2	46.44	23.22	.001	23.22	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	91	968	48,998.49	50.62	.647	538.44	32.77
PRINCIPAL SURGEON	70	137	41,001.80	299.28	.092	585.74	27.43
ASSISTANT SURGEON	9	10	1,425.67	142.57	.007	158.41	.95
ANESTHESIOLOGIST	24	821	6,571.02	8.00	.549	273.79	4.40
OUTPATIENT SURGERY	86	1,421	25,843.34	18.19	.951	300.50	17.29
PRINCIPAL SURGEON	73	113	22,762.22	201.44	.076	311.81	15.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	1,308	3,081.12	2.36	.875	162.16	2.06
DIALYSIS	4	28	1,392.06	49.72	.019	348.02	.93
PATHOLOGY	20	60	1,581.52	26.36	.040	79.08	1.06

RADIOLOGY	257	683		37,443.44	54.82	.457	145.69	25.05	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	17	407		25,468.31	62.58	.272	1498.14	17.04	
OTHER SERVICES/ALL X-OVERS	333	931		27,666.53	29.72	.623	83.08	18.51	
@PHARMACY	907	5,407	\$	577,337.15	\$ 106.78	3.617	\$ 636.53	\$ 386.18	
PRESCRIPTION DRUGS	872	4,107		571,335.19	139.11	2.747	655.20	382.16	
SNF/ICF	81	755		33,249.25	44.04	.505	410.48	22.24	
OUTPATIENTS	791	3,352		538,085.94	160.53	2.242	680.26	359.92	
MEDICAL SUPPLIES	83	1,300		6,001.96	4.62	.870	72.31	4.01	
@DENTIST	202	898	\$	26,490.17	\$ 29.50	.601	\$ 131.14	\$ 17.72	
VISITS - DIAGNOSTIC	129	480		3,591.48	7.48	.321	27.84	2.40	
ORAL SURGERY	37	118		2,690.20	22.80	.079	72.71	1.80	
DRUGS	7	14		145.00	10.36	.009	20.71	.10	
ANESTHESIA	6	6		200.00	33.33	.004	33.33	.13	
PERIODONTICS	6	6		236.00	39.33	.004	39.33	.16	
ENDODONTICS	12	17		3,114.00	183.18	.011	259.50	2.08	
RESTORATIVE DENTISTRY	54	188		12,517.00	66.58	.126	231.80	8.37	
PROSTHETICS	4	4		88.50	22.13	.003	22.13	.06	
DENTURES, STAYPLATES	21	48		3,907.99	81.42	.032	186.09	2.61	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	12	17		.00	.00	.011	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,210
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	41		112	\$ 2,355.27	\$ 21.03	.075	\$ 57.45	\$ 1.58
DIAGNOSTIC AND ANC. PROCED	21		22	884.48	40.20	.015	42.12	.59

EYE APPLIANCES	30	81		1,341.25		16.56	.054	44.71	.90
OTHER OPTOMETRIC SERVICES	5	9		129.54		14.39	.006	25.91	.09
@CHIROPRACTOR	3	3	\$	50.16	\$	16.72	.002	16.72	.03
VISITS	3	3		50.16		16.72	.002	16.72	.03
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	4	4	\$	15.31	\$	3.83	.003	3.83	.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	4	4		15.31		3.83	.003	3.83	.01
@HOME HEALTH AGENCY	10	32	\$	2,307.90	\$	72.12	.021	230.79	1.54
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	3	\$	34.40	\$	11.47	.002	34.40	.02
@TOTAL HOSPITAL	535	3,869	\$	1,160,134.90	\$	299.85	2.588	2168.48	776.01
HOSP INPATIENT TOTAL	129	534		1,047,277.12		1961.19	.357	8118.43	700.52
HSC HOSPITALS	10	67		75,593.61		1128.26	.045	7559.36	50.56
NON-HSC HOSPITAL TOTAL	77	467		938,107.25		2008.79	.312	12183.21	627.50
ACCOMMODATIONS	77	467		185,058.84		396.27	.312	2403.36	123.79
ADMINISTRATIVE DAYS	2	30		6,150.45		205.02	.020	3075.23	4.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	76	437		178,908.39		409.40	.292	2354.06	119.67
ANCILLARIES	77	0		753,048.41		.00	.000	9779.85	503.71
INPATIENT CROSSOVERS	43	0		33,576.26		.00	.000	780.84	22.46
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	423	3,335		112,857.78		33.84	2.231	266.80	75.49
MEDICAL	153	325		20,143.55		61.98	.217	131.66	13.47
SURGERY	66	74		2,691.39		36.37	.049	40.78	1.80
PATHOLOGY	157	910		9,651.93		10.61	.609	61.48	6.46
RADIOLOGY	164	257		22,634.96		88.07	.172	138.02	15.14
ROOM USE	265	357		11,407.11		31.95	.239	43.05	7.63
CROSSOVERS/ALL OTH OUTPTNT	242	1,412		46,328.84		32.81	.944	191.44	30.99
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,211
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

1,495 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	535	3,869	\$	1,160,134.90	\$ 299.85	2.588	\$ 2168.48	\$ 776.01
COMM HOSP INPATIENT TOTAL	129	534		1,047,277.12	1961.19	.357	8118.43	700.52
HSC HOSPITALS	10	67		75,593.61	1128.26	.045	7559.36	50.56
NON-HSC HOSPITALS TOTAL	77	467		938,107.25	2008.79	.312	12183.21	627.50
ACCOMMODATIONS	77	467		185,058.84	396.27	.312	2403.36	123.79
ADMINISTRATIVE DAYS	2	30		6,150.45	205.02	.020	3075.23	4.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	437		178,908.39	409.40	.292	2354.06	119.67
ANCILLARIES	77	0		753,048.41	.00	.000	9779.85	503.71
INPATIENT CROSSOVERS	43	0		33,576.26	.00	.000	780.84	22.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	423	3,335		112,857.78	33.84	2.231	266.80	75.49
MEDICAL	153	325		20,143.55	61.98	.217	131.66	13.47
SURGERY	66	74		2,691.39	36.37	.049	40.78	1.80
PATHOLOGY	157	910		9,651.93	10.61	.609	61.48	6.46
RADIOLOGY	164	257		22,634.96	88.07	.172	138.02	15.14
ROOM USE	265	357		11,407.11	31.95	.239	43.05	7.63
CROSSOVERS/ALL OTH OUTPTNT	242	1,412		46,328.84	32.81	.944	191.44	30.99
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	92	1,894	\$	215,885.17	\$ 113.98	1.267	\$ 2346.58	\$ 144.40
LEV A-INTERMEDIATE	22	414		31,088.12	75.09	.277	1413.10	20.79
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	71	1,480		184,797.05	124.86	.990	2602.78	123.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	112	\$	9,236.75	\$ 82.47	.075	\$ 1154.59	\$ 6.18
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	112		9,236.75	82.47	.075	1154.59	6.18
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	144	747	\$	8,126.89	\$ 10.88	.500	\$ 56.44	\$ 5.44
PATHOLOGY	138	734		8,017.30	10.92	.491	58.10	5.36
XO AND OTHERS	6	13		109.59	8.43	.009	18.27	.07
@ORGANIZED OUTPATIENT CLINIC	375	610	\$	45,379.84	\$ 74.39	.408	\$ 121.01	\$ 30.35
CLINIC	11	31		607.01	19.58	.021	55.18	.41
SURGICENTER	12	40		2,563.65	64.09	.027	213.64	1.71
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	355	539		42,209.18	78.31	.361	118.90	28.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

	1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	225	1,566	\$	45,183.81	\$ 28.85	1.047	\$ 200.82	\$ 30.22
DURABLE MED. EQUIP.	33	71		10,782.46	151.87	.047	326.74	7.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	3	9	2,595.73	288.41	.006	865.24	1.74
MEDICAL TRANSPORTATION	79	906	18,840.75	20.80	.606	238.49	12.60
AMBULANCES/AIR TRANS	47	489	8,592.44	17.57	.327	182.82	5.75
OTHER TRANS	34	407	2,239.01	5.50	.272	65.85	1.50
OTHER SERVICES	10	10	8,009.30	800.93	.007	800.93	5.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.002	104.37	.14
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	9	28	4,518.95	161.39	.019	502.11	3.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	80	859.31	10.74	.054	26.04	.57
PHYSICAL THERAPIST	4	86	1,147.63	13.34	.058	286.91	.77
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	238.08	47.62	.003	59.52	.16
PROSTHETICS	4	5	238.08	47.62	.003	59.52	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	1,394.90	232.48	.004	464.97	.93
HOSPICE SERVICES	2	20	2,659.80	132.99	.013	1329.90	1.78
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	25	332.34	13.29	.017	25.56	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	326	1,500.12	4.60	.218	29.41	1.00
@CALIF. CHILDREN SERVICES*	12	137	\$ 65,745.98	\$ 479.90	.092	\$ 5478.83	\$ 43.98
@XOVER EXCLUDING STATE HOSP**	319	2,044	\$ 92,642.26	\$ 45.32	1.367	\$ 290.41	\$ 61.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,213

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

	6,204 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		7,100	268,469	\$ 20,214,077.06	\$ 75.29	43.274	\$ 2847.05	\$ 3258.23
@PHYSICIANS SERVICES		742	1,595	\$ 19,484.94	\$ 12.22	.257	\$ 26.26	\$ 3.14
OUTPATIENT VISITS		0	0	.00	.00	.000	.00	.00
OFFICE VISITS		0	0	.00	.00	.000	.00	.00
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS		0	0	.00	.00	.000	.00	.00
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON		0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	14.31	14.31	.000	14.31	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	741	1,594	19,470.63	12.21	.257	26.28	3.14
@PHARMACY	5,480	63,651	\$ 2,285,800.05	\$ 35.91	10.260	\$ 417.12	\$ 368.44
PRESCRIPTION DRUGS	5,449	43,759	2,262,210.94	51.70	7.053	415.16	364.64
SNF/ICF	5,390	42,903	2,267,337.70	52.85	6.915	420.66	365.46
OUTPATIENTS	94	856	5,126.76CR	5.99CR	.138	54.54CR	.83CR
MEDICAL SUPPLIES	310	19,892	23,589.11	1.19	3.206	76.09	3.80
@DENTIST	378	1,063	\$ 44,953.00	\$ 42.29	.171	\$ 118.92	\$ 7.25
VISITS - DIAGNOSTIC	334	733	13,360.00	18.23	.118	40.00	2.15
ORAL SURGERY	29	161	5,457.00	33.89	.026	188.17	.88
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.02
ENDODONTICS	2	7	1,335.00	190.71	.001	667.50	.22
RESTORATIVE DENTISTRY	8	24	2,644.00	110.17	.004	330.50	.43
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	74	134	22,039.00	164.47	.022	297.82	3.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	3	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13							
PAGE 14,214 03/14/05							

6,204 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	91	241	\$ 5,258.89	\$ 21.82	.039	\$ 57.79	\$.85
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	87	231	5,024.78	21.75	.037	57.76	.81
OTHER OPTOMETRIC SERVICES	6	9	186.66	20.74	.001	31.11	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	306	377	\$ 2,149.27	\$ 5.70	.061	\$ 7.02	\$.35
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	306	377	2,149.27	5.70	.061	7.02	.35
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	2	\$ 10.78	\$ 5.39	.000	\$ 5.39	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	156	392	\$ 59,291.78	\$ 151.25	.063	\$ 380.08	\$ 9.56
HOSP INPATIENT TOTAL	62	0	50,471.48	.00	.000	814.06	8.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62	0	50,471.48	.00	.000	814.06	8.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	392	8,820.30	22.50	.063	91.88	1.42
MEDICAL	1	1	18.21	18.21	.000	18.21	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	28.00	9.33	.000	28.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.00	33.00	.000	33.00	.01
CROSSOVERS/ALL OTH OUTPTNT	95	387	8,741.09	22.59	.062	92.01	1.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,204 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	156	392	\$ 59,291.78	\$ 151.25	.063	\$ 380.08	\$ 9.56
COMM HOSP INPATIENT TOTAL	62	0	50,471.48	.00	.000	814.06	8.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62	0	50,471.48	.00	.000	814.06	8.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	392	8,820.30	22.50	.063	91.88	1.42
MEDICAL	1	1	18.21	18.21	.000	18.21	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	28.00	9.33	.000	28.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.00	33.00	.000	33.00	.01
CROSSOVERS/ALL OTH OUTPTNT	95	387	8,741.09	22.59	.062	92.01	1.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5,444	163,858	\$ 17,096,542.40	\$ 104.34	26.412	\$ 3140.44	\$ 2755.73
LEV A-INTERMEDIATE	422	10,618	751,648.15	70.79	1.711	1781.16	121.16
LEV B-REHAB MD	12	366	38,835.12	106.11	.059	3236.26	6.26
LEV B-SUBACUTE FREESTANDING	11	361	130,726.87	362.12	.058	11884.26	21.07
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,015	152,513	16,175,332.26	106.06	24.583	3225.39	2607.24
@INTERMEDIATE CARE FACIL.-DD	100	2,996	\$ 480,073.12	\$ 160.24	.483	\$ 4800.73	\$ 77.38
ICF DDH	73	2,192	318,990.61	145.52	.353	4369.73	51.42
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	27	804	161,082.51	200.35	.130	5966.02	25.96
@HEMODIALYSIS TOTAL	37	53	\$ 25,298.58	\$ 477.33	.009	\$ 683.75	\$ 4.08
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	53	25,298.58	477.33	.009	683.75	4.08
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	36	65	\$ 787.41	\$ 12.11	.010	\$ 21.87	\$.13
PATHOLOGY	7	19	368.43	19.39	.003	52.63	.06
XO AND OTHERS	29	46	418.98	9.11	.007	14.45	.07
@ORGANIZED OUTPATIENT CLINIC	480	942	\$ 29,592.74	\$ 31.41	.152	\$ 61.65	\$ 4.77
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	18	31	4,467.19	144.10	.005	248.18	.72
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	462	911	25,125.55	27.58	.147	54.38	4.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,216
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						AID CODE 13

6,204 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,129	33,234	\$ 164,834.10	\$ 4.96	5.357	\$ 146.00	\$ 26.57
DURABLE MED. EQUIP.	24	300	13,094.09	43.65	.048	545.59	2.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	49	78	13,627.42	174.71	.013	278.11	2.20
MEDICAL TRANSPORTATION	822	19,544	92,414.72	4.73	3.150	112.43	14.90
AMBULANCES/AIR TRANS	12	15	391.51	26.10	.002	32.63	.06
OTHER TRANS	811	19,431	91,382.49	4.70	3.132	112.68	14.73
OTHER SERVICES	55	98	640.72	6.54	.016	11.65	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	97	6,770.14	69.80	.016	846.27	1.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	92	197	2,489.32	12.64	.032	27.06	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	23	51	57.78	1.13	.008	2.51	.01
PROSTHETIST/ORTHOTISTS	10	28	810.52	28.95	.005	81.05	.13
PROSTHETICS	10	28	810.52	28.95	.005	81.05	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	22	2,697.24	122.60	.004	224.77	.43
HOSPICE SERVICES	5	193	23,519.58	121.86	.031	4703.92	3.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	185	12,724	9,353.29	.74	2.051	50.56	1.51
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,725	20,741	\$ 420,557.69	\$ 20.28	3.343	\$ 243.80	\$ 67.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 14,217
03/14/05

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	501	\$ 17,923.15	\$ 35.77	71.571	\$ 2987.19	\$ 2560.45
@PHYSICIANS SERVICES	2	2	\$ 22.53	\$ 11.27	.286	\$ 11.27	\$ 3.22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		22.53	11.27	.286	11.27	3.22
@PHARMACY	3	22	\$	1,485.24	\$ 67.51	3.143	\$ 495.08	\$ 212.18
PRESCRIPTION DRUGS	3	22		1,485.24	67.51	3.143	495.08	212.18
SNF/ICF	3	22		1,485.24	67.51	3.143	495.08	212.18
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,218
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
	AID CODE 23							

						----- MONTHLY AVERAGE -----		
07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00	.00
VISITS	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00	.00
NURSE ANESTHESIST	0	0	\$.00	.00	.000	\$.00	\$.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	0	\$	876.00	\$	.00	.000	\$	876.00	\$	125.14
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		125.14
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		125.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,219
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$ 876.00	\$.00	.000	\$ 876.00	\$ 125.14
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	125.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	125.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	91	\$	9,502.40	\$ 104.42	13.000	\$ 3167.47	\$ 1357.49
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	91		9,502.40	104.42	13.000	3167.47	1357.49
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$	3,493.28	\$ 499.04	1.000	\$ 582.21	\$ 499.04
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		3,493.28	499.04	1.000	582.21	499.04
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,220
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3	379	\$ 2,543.70	\$ 6.71	54.143	\$ 847.90	\$ 363.39	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	379	2,543.70	6.71	54.143	847.90	363.39	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	3	379	2,543.70	6.71	54.143	847.90	363.39	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	6	9	\$ 4,391.81	\$ 487.98	1.286	\$ 731.97	\$ 627.40	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,221
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

1,376 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,491	161,251	\$ 7,281,597.91	\$ 45.16	117.188	\$ 4883.70	\$ 5291.86
@PHYSICIANS SERVICES	233	844	\$ 17,159.05	\$ 20.33	.613	\$ 73.64	\$ 12.47
OUTPATIENT VISITS	7	8	443.12	55.39	.006	63.30	.32
OFFICE VISITS	4	4	94.50	23.63	.003	23.63	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	348.62	87.16	.003	116.21	.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	31	186	8,984.19	48.30	.135	289.81	6.53
HOSPITAL VISITS	14	138	4,544.02	32.93	.100	324.57	3.30
CRITICAL CARE	2	25	4,018.34	160.73	.018	2009.17	2.92
SNF/ICF/TRANS IP CARE	16	23	421.83	18.34	.017	26.36	.31
OPHTHALMOLOGICAL SERVICES	3	3	132.74	44.25	.002	44.25	.10
EXAMINATIONS	3	3	132.74	44.25	.002	44.25	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	5	1,067.58	213.52	.004	213.52	.78
PRINCIPAL SURGEON	3	4	949.56	237.39	.003	316.52	.69
ASSISTANT SURGEON	1	1	118.02	118.02	.001	118.02	.09
ANESTHESIOLOGIST	1	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	9	214	2,122.24	9.92	.156	235.80	1.54
PRINCIPAL SURGEON	3	4	830.35	207.59	.003	276.78	.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	210	1,291.89	6.15	.153	215.32	.94
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	7	32	429.89	13.43	.023	61.41	.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	186	396	3,979.29	10.05	.288	21.39	2.89
@PHARMACY	1,302	48,660	\$ 774,595.18	\$ 15.92	35.363	\$ 594.93	\$ 562.93
PRESCRIPTION DRUGS	1,295	9,648	759,909.45	78.76	7.012	586.80	552.26
SNF/ICF	1,255	9,136	721,655.58	78.99	6.640	575.02	524.46
OUTPATIENTS	104	512	38,253.87	74.71	.372	367.83	27.80
MEDICAL SUPPLIES	148	39,012	14,685.73	.38	28.352	99.23	10.67
@DENTIST	45	188	\$ 11,148.00	\$ 59.30	.137	\$ 247.73	\$ 8.10
VISITS - DIAGNOSTIC	38	116	2,155.00	18.58	.084	56.71	1.57
ORAL SURGERY	7	14	845.00	60.36	.010	120.71	.61
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	6	6	400.00	66.67	.004	66.67	.29
PERIODONTICS	5	5	590.00	118.00	.004	118.00	.43
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	33	1,758.00	53.27	.024	219.75	1.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	13	5,400.00	415.38	.009	771.43	3.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,222
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

		----- MONTHLY AVERAGE -----						
1,376 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	33	84	\$ 1,632.59	\$ 19.44	.061	\$ 49.47	\$ 1.19	
DIAGNOSTIC AND ANC. PROCED	4	5	189.80	37.96	.004	47.45	.14	
EYE APPLIANCES	24	68	1,155.97	17.00	.049	48.17	.84	
OTHER OPTOMETRIC SERVICES	7	11	286.82	26.07	.008	40.97	.21	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	7	8	\$ 119.71	\$ 14.96	.006	\$ 17.10	\$.09	

MEDICINE/INJECTIONS	1	1	24.00	24.00	.001	24.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	7	95.71	13.67	.005	15.95	.07
@HOME HEALTH AGENCY	1	29	\$ 2,063.18	\$ 71.14	.021	\$ 2063.18	\$ 1.50
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	92	499	\$ 116,405.96	\$ 233.28	.363	\$ 1265.28	\$ 84.60
HOSP INPATIENT TOTAL	21	177	108,662.79	613.91	.129	5174.42	78.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	177	98,338.11	555.58	.129	12292.26	71.47
ACCOMMODATIONS	8	177	42,747.00	241.51	.129	5343.38	31.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	177	42,747.00	241.51	.129	5343.38	31.07
ANCILLARIES	8	0	55,591.11	.00	.000	6948.89	40.40
INPATIENT CROSSOVERS	13	0	10,324.68	.00	.000	794.21	7.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	72	322	7,743.17	24.05	.234	107.54	5.63
MEDICAL	3	3	57.03	19.01	.002	19.01	.04
SURGERY	4	4	207.15	51.79	.003	51.79	.15
PATHOLOGY	6	28	353.45	12.62	.020	58.91	.26
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	12	795.00	66.25	.009	113.57	.58
CROSSOVERS/ALL OTH OUTPTNT	66	275	6,330.54	23.02	.200	95.92	4.60
@COUNTY HOSPITAL TOTAL	4	165	\$ 81,535.40	\$ 494.15	.120	\$ 20383.85	\$ 59.26
CO HOSPITAL INPATIENT TOTAL	4	165	81,535.40	494.15	.120	20383.85	59.26
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	165	81,535.40	494.15	.120	20383.85	59.26
ACCOMMODATIONS	4	165	38,164.50	231.30	.120	9541.13	27.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	165	38,164.50	231.30	.120	9541.13	27.74
ANCILLARIES	4	0	43,370.90	.00	.000	10842.73	31.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	1,376 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	88	334	\$	34,870.56	\$ 104.40	.243	\$ 396.26	\$ 25.34
COMM HOSP INPATIENT TOTAL	17	12		27,127.39	2260.62	.009	1595.73	19.71
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	12		16,802.71	1400.23	.009	4200.68	12.21
ACCOMMODATIONS	4	12		4,582.50	381.88	.009	1145.63	3.33

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	4,582.50	381.88	.009	1145.63	3.33
ANCILLARIES	4	0	12,220.21	.00	.000	3055.05	8.88
INPATIENT CROSSOVERS	13	0	10,324.68	.00	.000	794.21	7.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	72	322	7,743.17	24.05	.234	107.54	5.63
MEDICAL	3	3	57.03	19.01	.002	19.01	.04
SURGERY	4	4	207.15	51.79	.003	51.79	.15
PATHOLOGY	6	28	353.45	12.62	.020	58.91	.26
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	12	795.00	66.25	.009	113.57	.58
CROSSOVERS/ALL OTH OUTPTNT	66	275	6,330.54	23.02	.200	95.92	4.60
@STATE HOSPITAL	9	350	\$ 181,313.99	\$ 518.04	.254	\$ 20146.00	\$ 131.77
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350	181,313.99	518.04	.254	20146.00	131.77
@NURSING FACILITY	370	10,635	\$ 1,322,158.05	\$ 124.32	7.729	\$ 3573.40	\$ 960.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	362	193,205.30	533.72	.263	16100.44	140.41
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	360	10,273	1,128,952.75	109.90	7.466	3135.98	820.46
@INTERMEDIATE CARE FACIL.-DD	936	28,106	\$ 4,710,264.90	\$ 167.59	20.426	\$ 5032.33	\$ 3423.16
ICF DDH	578	17,261	2,617,467.00	151.64	12.544	4528.49	1902.23
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	358	10,845	2,092,797.90	192.97	7.882	5845.80	1520.93
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	54	\$ 605.64	\$ 11.22	.039	\$ 40.38	\$.44
PATHOLOGY	13	52	540.92	10.40	.038	41.61	.39
XO AND OTHERS	2	2	64.72	32.36	.001	32.36	.05
@ORGANIZED OUTPATIENT CLINIC	423	698	\$ 41,558.95	\$ 59.54	.507	\$ 98.25	\$ 30.20
CLINIC	1	3	82.48	27.49	.002	82.48	.06
SURGICENTER	1	2	109.42	54.71	.001	109.42	.08
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	423	693	41,367.05	59.69	.504	97.79	30.06

#CALIF DEPT OF HEALTH SERV MPO24
 SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

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----- MONTHLY AVERAGE -----							
1,376 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	580	71,096	\$ 102,572.71	\$ 1.44	51.669	\$ 176.85	\$ 74.54
DURABLE MED. EQUIP.	26	78	20,250.80	259.63	.057	778.88	14.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	55	520.08	9.46	.040	20.00	.38
MEDICAL TRANSPORTATION	139	2,893	12,389.73	4.28	2.102	89.13	9.00
AMBULANCES/AIR TRANS	4	34	375.18	11.03	.025	93.80	.27
OTHER TRANS	133	2,849	11,904.95	4.18	2.070	89.51	8.65
OTHER SERVICES	10	10	109.60	10.96	.007	10.96	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	12	227	15,794.66	69.58	.165	1316.22	11.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	61	567.03	9.30	.044	24.65	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	71.96	14.39	.004	23.99	.05
PROSTHETIST/ORTHOTISTS	7	14	1,333.59	95.26	.010	190.51	.97
PROSTHETICS	7	14	1,333.59	95.26	.010	190.51	.97
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	53	1,872.04	35.32	.039	69.33	1.36
HOSPICE SERVICES	0	0	95.91	.00	.000	.00	.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	392	67,710	49,676.91	.73	49.208	126.73	36.10
@CALIF. CHILDREN SERVICES*	2	8	\$ 1,500.82	\$ 187.60	.006	\$ 750.41	\$ 1.09
@XOVER EXCLUDING STATE HOSP**	460	18,435	\$ 83,462.55	\$ 4.53	13.398	\$ 181.44	\$ 60.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,225
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,227
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SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSTOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 14,229
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	7,587 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,597	430,221	\$	27,513,598.12	\$ 63.95	56.705	\$ 3200.37	\$ 3626.41
@PHYSICIANS SERVICES	977	2,441	\$	36,666.52	\$ 15.02	.322	\$ 37.53	\$ 4.83
OUTPATIENT VISITS	7	8		443.12	55.39	.001	63.30	.06
OFFICE VISITS	4	4		94.50	23.63	.001	23.63	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4		348.62	87.16	.001	116.21	.05
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	31	186		8,984.19	48.30	.025	289.81	1.18
HOSPITAL VISITS	14	138		4,544.02	32.93	.018	324.57	.60
CRITICAL CARE	2	25		4,018.34	160.73	.003	2009.17	.53
SNF/ICF/TRANS IP CARE	16	23		421.83	18.34	.003	26.36	.06
OPHTHALMOLOGICAL SERVICES	3	3		132.74	44.25	.000	44.25	.02
EXAMINATIONS	3	3		132.74	44.25	.000	44.25	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	5		1,067.58	213.52	.001	213.52	.14
PRINCIPAL SURGEON	3	4		949.56	237.39	.001	316.52	.13
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02	.02
ANESTHESIOLOGIST	1	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	9	214		2,122.24		9.92	.028	235.80	.28
PRINCIPAL SURGEON	3	4		830.35		207.59	.001	276.78	.11
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	6	210		1,291.89		6.15	.028	215.32	.17
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		14.31		14.31	.000	14.31	.00
RADIOLOGY	7	32		429.89		13.43	.004	61.41	.06
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	929	1,992		23,472.45		11.78	.263	25.27	3.09
@PHARMACY	6,785	112,333	\$	3,061,880.47	\$	27.26	14.806	\$ 451.27	\$ 403.57
PRESCRIPTION DRUGS	6,747	53,429		3,023,605.63		56.59	7.042	448.14	398.52
SNF/ICF	6,648	52,061		2,990,478.52		57.44	6.862	449.83	394.16
OUTPATIENTS	198	1,368		33,127.11		24.22	.180	167.31	4.37
MEDICAL SUPPLIES	458	58,904		38,274.84		.65	7.764	83.57	5.04
@DENTIST	423	1,251	\$	56,101.00	\$	44.84	.165	\$ 132.63	\$ 7.39
VISITS - DIAGNOSTIC	372	849		15,515.00		18.27	.112	41.71	2.04
ORAL SURGERY	36	175		6,302.00		36.01	.023	175.06	.83
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	6	6		400.00		66.67	.001	66.67	.05
PERIODONTICS	6	6		708.00		118.00	.001	118.00	.09
ENDODONTICS	2	7		1,335.00		190.71	.001	667.50	.18
RESTORATIVE DENTISTRY	16	57		4,402.00		77.23	.008	275.13	.58
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	81	147		27,439.00		186.66	.019	338.75	3.62
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	7	4		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								

SHASTA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

7,587 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	124	325	\$ 6,891.48	\$ 21.20	.043	\$	55.58	\$.91
DIAGNOSTIC AND ANC. PROCED	5	6	237.25	39.54	.001		47.45	.03
EYE APPLIANCES	111	299	6,180.75	20.67	.039		55.68	.81
OTHER OPTOMETRIC SERVICES	13	20	473.48	23.67	.003		36.42	.06
@CHIROPRACTOR	0	0	.00	.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	313	385	\$ 2,268.98	\$ 5.89	.051	\$	7.25	\$.30
MEDICINE/INJECTIONS	1	1	24.00	24.00	.000		24.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	312	384	2,244.98	5.85	.051		7.20	.30
@HOME HEALTH AGENCY	1	29	\$ 2,063.18	\$ 71.14	.004	\$	2063.18	\$.27
NURSE ANESTHESIST	2	2	10.78	5.39	.000	\$	5.39	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	249	891	\$ 176,573.74	\$ 198.17	.117	\$	709.13	\$ 23.27
HOSP INPATIENT TOTAL	84	177	160,010.27	904.01	.023		1904.88	21.09
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	8	177	98,338.11	555.58	.023		12292.26	12.96
ACCOMMODATIONS	8	177	42,747.00	241.51	.023		5343.38	5.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	8	177	42,747.00	241.51	.023		5343.38	5.63
ANCILLARIES	8	0	55,591.11	.00	.000		6948.89	7.33
INPATIENT CROSSOVERS	76	0	61,672.16	.00	.000		811.48	8.13
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	168	714	16,563.47	23.20	.094		98.59	2.18
MEDICAL	4	4	75.24	18.81	.001		18.81	.01
SURGERY	4	4	207.15	51.79	.001		51.79	.03
PATHOLOGY	7	31	381.45	12.30	.004		54.49	.05
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	8	13	828.00	63.69	.002		103.50	.11
CROSSOVERS/ALL OTH OUTPTNT	161	662	15,071.63	22.77	.087		93.61	1.99
@COUNTY HOSPITAL TOTAL	4	165	\$ 81,535.40	\$ 494.15	.022	\$	20383.85	\$ 10.75
CO HOSPITAL INPATIENT TOTAL	4	165	81,535.40	494.15	.022		20383.85	10.75
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	4	165	81,535.40	494.15	.022		20383.85	10.75
ACCOMMODATIONS	4	165	38,164.50	231.30	.022		9541.13	5.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	4	165	38,164.50	231.30	.022		9541.13	5.03
ANCILLARIES	4	0	43,370.90	.00	.000		10842.73	5.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
7,587 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	245	726	\$ 95,038.34	\$ 130.91	.096	\$ 387.91	\$ 12.53
COMM HOSP INPATIENT TOTAL	80	12	78,474.87	6539.57	.002	980.94	10.34
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	12	16,802.71	1400.23	.002	4200.68	2.21
ACCOMMODATIONS	4	12	4,582.50	381.88	.002	1145.63	.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	4,582.50	381.88	.002	1145.63	.60
ANCILLARIES	4	0	12,220.21	.00	.000	3055.05	1.61
INPATIENT CROSSOVERS	76	0	61,672.16	.00	.000	811.48	8.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	714	16,563.47	23.20	.094	98.59	2.18
MEDICAL	4	4	75.24	18.81	.001	18.81	.01
SURGERY	4	4	207.15	51.79	.001	51.79	.03
PATHOLOGY	7	31	381.45	12.30	.004	54.49	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	13	828.00	63.69	.002	103.50	.11
CROSSOVERS/ALL OTH OUTPTNT	161	662	15,071.63	22.77	.087	93.61	1.99
@STATE HOSPITAL	9	350	\$ 181,313.99	\$ 518.04	.046	\$ 20146.00	\$ 23.90
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350	181,313.99	518.04	.046	20146.00	23.90
@NURSING FACILITY	5,817	174,584	\$ 18,428,202.85	\$ 105.55	23.011	\$ 3167.99	\$ 2428.92
LEV A-INTERMEDIATE	422	10,618	751,648.15	70.79	1.399	1781.16	99.07
LEV B-REHAB MD	12	366	38,835.12	106.11	.048	3236.26	5.12
LEV B-SUBACUTE FREESTANDING	11	361	130,726.87	362.12	.048	11884.26	17.23
LEV B-SUBACUTE HSPTL BASED	12	362	193,205.30	533.72	.048	16100.44	25.47
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,378	162,877	17,313,787.41	106.30	21.468	3219.37	2282.03
@INTERMEDIATE CARE FACIL.-DD	1,036	31,102	\$ 5,190,338.02	\$ 166.88	4.099	\$ 5009.98	\$ 684.11
ICF DDH	651	19,453	2,936,457.61	150.95	2.564	4510.69	387.04
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	385	11,649	2,253,880.41	193.48	1.535	5854.23	297.07
@HEMODIALYSIS TOTAL	43	60	\$ 28,791.86	\$ 479.86	.008	\$ 669.58	\$ 3.79
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	43	60	28,791.86	479.86	.008	669.58	3.79
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	51	119	\$ 1,393.05	\$ 11.71	.016	\$ 27.31	\$.18
PATHOLOGY	20	71	909.35	12.81	.009	45.47	.12
XO AND OTHERS	31	48	483.70	10.08	.006	15.60	.06
@ORGANIZED OUTPATIENT CLINIC	903	1,640	\$ 71,151.69	\$ 43.39	.216	\$ 78.79	\$ 9.38
CLINIC	1	3	82.48	27.49	.000	82.48	.01
SURGICENTER	19	33	4,576.61	138.69	.004	240.87	.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	885	1,604	66,492.60	41.45	.211	75.13	8.76
#CALIF DEPT OF HEALTH SERV							
MOP024	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,232
SHASTA COUNTY	FEE-FOR-SERVICE/DENTAL						03/14/05
	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

7,587 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,712	104,709	\$ 269,950.51	\$ 2.58	13.801	\$ 157.68	\$ 35.58
DURABLE MED. EQUIP.	50	378	33,344.89	88.21	.050	666.90	4.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	75	133	14,147.50	106.37	.018	188.63	1.86
MEDICAL TRANSPORTATION	964	22,816	107,348.15	4.70	3.007	111.36	14.15
AMBULANCES/AIR TRANS	16	49	766.69	15.65	.006	47.92	.10
OTHER TRANS	947	22,659	105,831.14	4.67	2.987	111.75	13.95
OTHER SERVICES	65	108	750.32	6.95	.014	11.54	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	324	22,564.80	69.64	.043	1128.24	2.97
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	115	258	3,056.35	11.85	.034	26.58	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	26	56	129.74	2.32	.007	4.99	.02
PROSTHETIST/ORTHOTISTS	17	42	2,144.11	51.05	.006	126.12	.28
PROSTHETICS	17	42	2,144.11	51.05	.006	126.12	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	39	75	4,569.28	60.92	.010	117.16	.60
HOSPICE SERVICES	5	193	23,615.49	122.36	.025	4723.10	3.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	577	80,434	59,030.20	.73	10.602	102.31	7.78
@CALIF. CHILDREN SERVICES*	2	8	\$ 1,500.82	\$ 187.60	.001	\$ 750.41	\$.20
@XOVER EXCLUDING STATE HOSP**	2,191	39,185	\$ 508,412.05	\$ 12.97	5.165	\$ 232.05	\$ 67.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 MOP024 FEE-FOR-SERVICE/DENTAL
 SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

PAGE 14,233
 03/14/05

15,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,532	384,406	\$ 24,352,954.50	\$ 63.35	25.338	\$ 1567.92	\$ 1605.23
@PHYSICIANS SERVICES	2,287	6,478	\$ 120,960.39	\$ 18.67	.427	\$ 52.89	\$ 7.97
OUTPATIENT VISITS	24	30	1,414.72	47.16	.002	58.95	.09
OFFICE VISITS	20	24	948.91	39.54	.002	47.45	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	465.81	77.64	.000	116.45	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	21	1,105.51	52.64	.001	157.93	.07
HOSPITAL VISITS	5	15	679.91	45.33	.001	135.98	.04
CRITICAL CARE	3	6	425.60	70.93	.000	141.87	.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	11	483.45	43.95	.001	60.43	.03

EXAMINATIONS	8	11	483.45	43.95	.001	60.43	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	28	6,657.61	237.77	.002	1331.52	.44
PRINCIPAL SURGEON	4	6	5,654.00	942.33	.000	1413.50	.37
ASSISTANT SURGEON	1	1	421.07	421.07	.000	421.07	.03
ANESTHESIOLOGIST	1	21	582.54	27.74	.001	582.54	.04
OUTPATIENT SURGERY	8	135	5,088.51	37.69	.009	636.06	.34
PRINCIPAL SURGEON	7	8	4,497.30	562.16	.001	642.47	.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	127	591.21	4.66	.008	118.24	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	9	133.93	14.88	.001	44.64	.01
RADIOLOGY	25	50	2,433.30	48.67	.003	97.33	.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	24	2,209.07	92.04	.002	736.36	.15
OTHER SERVICES/ALL X-OVERS	2,234	6,170	101,434.29	16.44	.407	45.40	6.69
@PHARMACY	12,203	110,621	\$ 4,529,804.13	\$ 40.95	7.292	\$ 371.20	\$ 298.58
PRESCRIPTION DRUGS	12,092	74,105	4,466,550.32	60.27	4.885	369.38	294.41
SNF/ICF	5,686	45,361	2,395,078.85	52.80	2.990	421.22	157.87
OUTPATIENTS	6,453	28,744	2,071,471.47	72.07	1.895	321.01	136.54
MEDICAL SUPPLIES	770	36,516	63,253.81	1.73	2.407	82.15	4.17
@DENTIST	729	2,450	\$ 105,348.90	\$ 43.00	.161	\$ 144.51	\$ 6.94
VISITS - DIAGNOSTIC	566	1,570	23,524.40	14.98	.103	41.56	1.55
ORAL SURGERY	76	331	12,698.00	38.36	.022	167.08	.84
DRUGS	2	5	45.00	9.00	.000	22.50	.00
ANESTHESIA	4	4	300.00	75.00	.000	75.00	.02
PERIODONTICS	15	15	1,707.00	113.80	.001	113.80	.11
ENDODONTICS	9	15	3,145.00	209.67	.001	349.44	.21
RESTORATIVE DENTISTRY	75	187	14,185.00	75.86	.012	189.13	.94
PROSTHETICS	5	7	180.00	25.71	.000	36.00	.01
DENTURES, STAYPLATES	154	303	49,564.50	163.58	.020	321.85	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	13	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,234
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	15,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	328	850	\$	17,886.04	\$ 21.04	.056	\$ 54.53	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	21	24		916.13	38.17	.002	43.63	.06
EYE APPLIANCES	266	708		15,077.62	21.30	.047	56.68	.99
OTHER OPTOMETRIC SERVICES	63	118		1,892.29	16.04	.008	30.04	.12
@CHIROPRACTOR	6	6	\$	83.64	\$ 13.94	.000	\$ 13.94	\$.01
VISITS	2	2		33.44	16.72	.000	16.72	.00
OTHER SERVICES	4	4		50.20	12.55	.000	12.55	.00
@PODIATRIST	332	412	\$	2,359.93	\$ 5.73	.027	\$ 7.11	\$.16
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	332	412		2,359.93	5.73	.027	7.11	.16
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	2	\$	10.78	\$ 5.39	.000	\$ 5.39	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	75.19	\$	25.06	.000	\$	25.06	\$	.00
@TOTAL HOSPITAL	609	2,216	\$	334,277.06	\$	150.85	.146	\$	548.90	\$	22.03
HOSP INPATIENT TOTAL	218	52		279,857.93		5381.88	.003		1283.75		18.45
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	52		104,066.91		2001.29	.003		26016.73		6.86
ACCOMMODATIONS	4	52		26,820.96		515.79	.003		6705.24		1.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	52		26,820.96		515.79	.003		6705.24		1.77
ANCILLARIES	4	0		77,245.95		.00	.000		19311.49		5.09
INPATIENT CROSSOVERS	214	0		175,791.02		.00	.000		821.45		11.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	403	2,164		54,419.13		25.15	.143		135.04		3.59
MEDICAL	11	20		543.65		27.18	.001		49.42		.04
SURGERY	3	3		409.03		136.34	.000		136.34		.03
PATHOLOGY	10	35		330.80		9.45	.002		33.08		.02
RADIOLOGY	5	21		2,138.02		101.81	.001		427.60		.14
ROOM USE	13	24		879.35		36.64	.002		67.64		.06
CROSSOVERS/ALL OTH OUTPTNT	392	2,061		50,118.28		24.32	.136		127.85		3.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,235
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

15,171 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	609			2,216	\$	334,277.06	\$ 150.85	.146	\$ 548.90	\$ 22.03
COMM HOSP INPATIENT TOTAL	218			52		279,857.93	5381.88	.003	1283.75	18.45
HSC HOSPITALS	0			0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4			52		104,066.91	2001.29	.003	26016.73	6.86
ACCOMMODATIONS	4			52		26,820.96	515.79	.003	6705.24	1.77
ADMINISTRATIVE DAYS	0			0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4			52		26,820.96	515.79	.003	6705.24	1.77
ANCILLARIES	4			0		77,245.95	.00	.000	19311.49	5.09
INPATIENT CROSSOVERS	214			0		175,791.02	.00	.000	821.45	11.59
ALL OTHER INPATIENT	0			0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	403			2,164		54,419.13	25.15	.143	135.04	3.59
MEDICAL	11			20		543.65	27.18	.001	49.42	.04
SURGERY	3			3		409.03	136.34	.000	136.34	.03
PATHOLOGY	10			35		330.80	9.45	.002	33.08	.02
RADIOLOGY	5			21		2,138.02	101.81	.001	427.60	.14
ROOM USE	13			24		879.35	36.64	.002	67.64	.06
CROSSOVERS/ALL OTH OUTPTNT	392			2,061		50,118.28	24.32	.136	127.85	3.30
@STATE HOSPITAL	0			0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0			0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0			0		.00	.00	.000	.00	.00
@NURSING FACILITY	5,777			171,433	\$	18,138,427.32	\$ 105.80	11.300	\$ 3139.77	\$ 1195.60
LEV A-INTERMEDIATE	453			11,276		804,583.38	71.35	.743	1776.12	53.03
LEV B-REHAB MD	12			366		38,835.12	106.11	.024	3236.26	2.56
LEV B-SUBACUTE FREESTANDING	11			361		130,726.87	362.12	.024	11884.26	8.62
LEV B-SUBACUTE HSPTL BASED	0			0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0			0		.00	.00	.000	.00	.00
LEV B-REGULAR	5,318			159,430		17,164,281.95	107.66	10.509	3227.58	1131.39
@INTERMEDIATE CARE FACIL.-DD	100			2,996	\$	480,073.12	\$ 160.24	.197	\$ 4800.73	\$ 31.64
ICF DDH	73			2,192		318,990.61	145.52	.144	4369.73	21.03
ICF DD	0			0		.00	.00	.000	.00	.00
ICF DDN/DDCN	27			804		161,082.51	200.35	.053	5966.02	10.62
@HEMODIALYSIS TOTAL	48			66	\$	31,012.44	\$ 469.89	.004	\$ 646.09	\$ 2.04
HOSPITAL BASED	0			0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	48			66		31,012.44	469.89	.004	646.09	2.04
@REHABILITATION FACILITY	1			6	\$	176.46	\$ 29.41	.000	\$ 176.46	\$.01
HOSPITAL BASED	1			6		176.46	29.41	.000	176.46	.01
INDEPENDENT FACILITY	0			0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	133			308	\$	3,387.22	\$ 11.00	.020	\$ 25.47	\$.22
PATHOLOGY	43			144		2,020.32	14.03	.009	46.98	.13
XO AND OTHERS	90			164		1,366.90	8.33	.011	15.19	.09
@ORGANIZED OUTPATIENT CLINIC	1,954			3,245	\$	135,789.87	\$ 41.85	.214	\$ 69.49	\$ 8.95
CLINIC	0			0		.00	.00	.000	.00	.00

SURGICENTER	96	153	22,906.70	149.72	.010	238.61	1.51
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,868	3,092	112,883.17	36.51	.204	60.43	7.44

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,236
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

15,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,843	83,314	\$ 453,282.01	\$ 5.44	5.492	\$ 159.44	\$ 29.88
DURABLE MED. EQUIP.	97	618	45,143.11	73.05	.041	465.39	2.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	134	244	45,072.66	184.72	.016	336.36	2.97
MEDICAL TRANSPORTATION	1,021	25,024	116,499.43	4.66	1.649	114.10	7.68
AMBULANCES/AIR TRANS	24	32	1,011.82	31.62	.002	42.16	.07
OTHER TRANS	992	24,787	114,492.74	4.62	1.634	115.42	7.55
OTHER SERVICES	89	205	994.87	4.85	.014	11.18	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	101	1,107	77,098.14	69.65	.073	763.35	5.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	239	1,536	76,414.42	49.75	.101	319.73	5.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	326	816	9,522.61	11.67	.054	29.21	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	28	67	73.97	1.10	.004	2.64	.00
PROSTHETIST/ORTHOTISTS	29	68	1,567.15	23.05	.004	54.04	.10
PROSTHETICS	29	68	1,567.15	23.05	.004	54.04	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	69	181	13,324.65	73.62	.012	193.11	.88
HOSPICE SERVICES	6	196	23,860.44	121.74	.013	3976.74	1.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,099	53,457	44,705.43	.84	3.524	40.68	2.95
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,316	34,290	\$ 846,854.58	\$ 24.70	2.260	\$ 196.21	\$ 55.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,237
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	67	5,631	\$ 199,980.87	\$ 35.51	82.809	\$ 2984.79	\$ 2940.90
@PHYSICIANS SERVICES	15	37	\$ 616.76	\$ 16.67	.544	\$ 41.12	\$ 9.07
OUTPATIENT VISITS	2	4	228.37	57.09	.059	114.19	3.36
OFFICE VISITS	2	2	114.30	57.15	.029	57.15	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.015	68.35	1.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1	45.72	45.72	.015	45.72	.67
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	8	153.55	19.19	.118	38.39	2.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	25	234.84	9.39	.368	23.48	3.45
@PHARMACY	53	2,547	\$ 44,569.80	\$ 17.50	37.456	\$ 840.94	\$ 655.44
PRESCRIPTION DRUGS	51	488	43,690.55	89.53	7.176	856.68	642.51
SNF/ICF	23	306	20,587.23	67.28	4.500	895.10	302.75
OUTPATIENTS	28	182	23,103.32	126.94	2.676	825.12	339.75
MEDICAL SUPPLIES	16	2,059	879.25	.43	30.279	54.95	12.93
@DENTIST	3	7	\$ 1,355.00	\$ 193.57	.103	\$ 451.67	\$ 19.93
VISITS - DIAGNOSTIC	1	3	75.00	25.00	.044	75.00	1.10
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	1,280.00	213.33	.088	640.00	18.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	2CR	.00	.00	.029CR	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,238
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	12	1,795	\$	53,226.51	\$ 29.65	26.397	\$ 4435.54	\$ 782.74
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	6	\$	4,498.69	\$ 749.78	.088	\$ 642.67	\$ 66.16
HOSP INPATIENT TOTAL	5	0		4,379.20	.00	.000	875.84	64.40
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0		4,379.20	.00	.000	875.84	64.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	6		119.49	19.92	.088	59.75	1.76
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		25.35	12.68	.029	25.35	.37
RADIOLOGY	1	1		14.41	14.41	.015	14.41	.21
ROOM USE	1	1		33.00	33.00	.015	33.00	.49
CROSSOVERS/ALL OTH OUTPTNT	1	2		46.73	23.37	.029	46.73	.69
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,239
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	6	\$	4,498.69	\$ 749.78	.088	\$ 642.67	\$ 66.16
COMM HOSP INPATIENT TOTAL	5	0		4,379.20	.00	.000	875.84	64.40
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0		4,379.20	.00	.000	875.84	64.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	6		119.49	19.92	.088	59.75	1.76
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		25.35	12.68	.029	25.35	.37
RADIOLOGY	1	1		14.41	14.41	.015	14.41	.21
ROOM USE	1	1		33.00	33.00	.015	33.00	.49
CROSSOVERS/ALL OTH OUTPTNT	1	2		46.73	23.37	.029	46.73	.69
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	642	\$	83,651.94	\$ 130.30	9.441	\$ 3485.50	\$ 1230.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	24	642		83,651.94	130.30	9.441	3485.50	1230.18
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$	3,493.28	\$ 499.04	.103	\$ 582.21	\$ 51.37
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		3,493.28	499.04	.103	582.21	51.37
@REHABILITATION FACILITY	4	49	\$	321.33	\$ 6.56	.721	\$ 80.33	\$ 4.73
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	4	49		321.33	6.56	.721	80.33	4.73
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	619.33	\$ 77.42	.118	\$ 103.22	\$ 9.11
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		619.33	77.42	.118	103.22	9.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,240
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28		533	\$ 7,628.23	\$ 14.31	7.838	\$ 272.44	\$ 112.18
DURABLE MED. EQUIP.	2		18	1,274.21	70.79	.265	637.11	18.74
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	1,546.56	1546.56	.015	1546.56	22.74
MEDICAL TRANSPORTATION	10		467	2,923.82	6.26	6.868	292.38	43.00
AMBULANCES/AIR TRANS	1		40	.00	.00	.588	.00	.00
OTHER TRANS	9		426	2,911.96	6.84	6.265	323.55	42.82
OTHER SERVICES	1		1	11.86	11.86	.015	11.86	.17
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		3	1,187.21	395.74	.044	1187.21	17.46
PROSTHETICS	1		3	1,187.21	395.74	.044	1187.21	17.46
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1		1	10.40	10.40	.015	10.40	.15
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17		43	686.03	15.95	.632	40.35	10.09
@CALIF. CHILDREN SERVICES*	13		131	\$ 4,997.45	\$ 38.15	1.926	\$ 384.42	\$ 73.49
@XOVER EXCLUDING STATE HOSP**	33		77	\$ 17,221.32	\$ 223.65	1.132	\$ 521.86	\$ 253.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,241
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	9,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10,158		323,143	\$ 14,548,783.34	\$ 45.02	33.640	\$ 1432.25	\$ 1514.55
@PHYSICIANS SERVICES	2,442		15,686	\$ 376,960.12	\$ 24.03	1.633	\$ 154.37	\$ 39.24

OUTPATIENT VISITS	569	818		37,249.54	45.54	.085	65.46	3.88	
OFFICE VISITS	385	532		17,092.18	32.13	.055	44.40	1.78	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	205	264		19,445.16	73.66	.027	94.85	2.02	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	21	22		712.20	32.37	.002	33.91	.07	
INPATIENT VISITS	185	882		41,167.35	46.68	.092	222.53	4.29	
HOSPITAL VISITS	160	774		31,004.31	40.06	.081	193.78	3.23	
CRITICAL CARE	24	80		9,608.79	120.11	.008	400.37	1.00	
SNF/ICF/TRANS IP CARE	19	28		554.25	19.79	.003	29.17	.06	
OPHTHALMOLOGICAL SERVICES	23	28		1,112.56	39.73	.003	48.37	.12	
EXAMINATIONS	23	28		1,112.56	39.73	.003	48.37	.12	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	82	1,972		42,650.77	21.63	.205	520.13	4.44	
PRINCIPAL SURGEON	65	112		31,420.99	280.54	.012	483.40	3.27	
ASSISTANT SURGEON	10	9		2,064.65	229.41	.001	206.47	.21	
ANESTHESIOLOGIST	29	1,851		9,165.13	4.95	.193	316.04	.95	
OUTPATIENT SURGERY	137	1,700		37,873.00	22.28	.177	276.45	3.94	
PRINCIPAL SURGEON	113	155		31,503.52	203.25	.016	278.79	3.28	
ASSISTANT SURGEON	2	2		390.17	195.09	.000	195.09	.04	
ANESTHESIOLOGIST	33	1,543		5,979.31	3.88	.161	181.19	.62	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	85	221		3,255.07	14.73	.023	38.29	.34	
RADIOLOGY	468	1,182		89,950.07	76.10	.123	192.20	9.36	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	35	577		20,125.73	34.88	.060	575.02	2.10	
OTHER SERVICES/ALL X-OVERS	1,621	8,306		103,576.03	12.47	.865	63.90	10.78	
@PHARMACY	7,860	105,097	\$	4,806,534.32	\$ 45.73	10.941	\$ 611.52	\$ 500.37	
PRESCRIPTION DRUGS	7,750	43,088		4,730,409.34	109.78	4.486	610.38	492.44	
SNF/ICF	1,312	9,592		755,973.22	78.81	.999	576.20	78.70	
OUTPATIENTS	6,505	33,496		3,974,436.12	118.65	3.487	610.98	413.75	
MEDICAL SUPPLIES	795	62,009		76,124.98	1.23	6.455	95.75	7.92	
@DENTIST	477	2,175	\$	83,795.67	\$ 38.53	.226	\$ 175.67	\$ 8.72	
VISITS - DIAGNOSTIC	316	1,309		16,184.98	12.36	.136	51.22	1.68	
ORAL SURGERY	94	280		13,006.20	46.45	.029	138.36	1.35	
DRUGS	5	9		145.00	16.11	.001	29.00	.02	
ANESTHESIA	15	15		1,200.00	80.00	.002	80.00	.12	
PERIODONTICS	22	23		2,385.00	103.70	.002	108.41	.25	
ENDODONTICS	16	21		4,005.00	190.71	.002	250.31	.42	
RESTORATIVE DENTISTRY	104	274		17,712.00	64.64	.029	170.31	1.84	
PROSTHETICS	7	7		208.50	29.79	.001	29.79	.02	
DENTURES, STAYPLATES	84	195		28,948.99	148.46	.020	344.63	3.01	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	21	42		.00	.00	.004	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,242
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED								

EYE APPLIANCES	205	597		9,857.62		16.51	.062	48.09	1.03
OTHER OPTOMETRIC SERVICES	36	63		1,341.14		21.29	.007	37.25	.14
@CHIROPRACTOR	31	50	\$	768.45	\$	15.37	.005	24.79	.08
VISITS	14	25		413.82		16.55	.003	29.56	.04
OTHER SERVICES	17	25		354.63		14.19	.003	20.86	.04
@PODIATRIST	22	33	\$	561.49	\$	17.01	.003	25.52	.06
MEDICINE/INJECTIONS	6	10		282.80		28.28	.001	47.13	.03
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	16	23		278.69		12.12	.002	17.42	.03
@HOME HEALTH AGENCY	108	11,187	\$	314,349.52	\$	28.10	1.165	2910.64	32.72
NURSE ANESTHESIST	1	22	\$	59.73	\$	2.72	.002	59.73	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	5	\$	89.09	\$	17.82	.001	22.27	.01
@TOTAL HOSPITAL	1,012	7,371	\$	1,532,509.28	\$	207.91	.767	1514.34	159.54
HOSP INPATIENT TOTAL	234	784		1,227,010.60		1565.06	.082	5243.64	127.73
HSC HOSPITALS	20	141		188,969.09		1340.21	.015	9448.45	19.67
NON-HSC HOSPITAL TOTAL	109	643		944,532.57		1468.95	.067	8665.44	98.33
ACCOMMODATIONS	107	643		237,118.49		368.77	.067	2216.06	24.68
ADMINISTRATIVE DAYS	4	15		2,565.30		171.02	.002	641.33	.27
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	103	628		234,553.19		373.49	.065	2277.22	24.42
ANCILLARIES	109	0		707,414.08		.00	.000	6490.04	73.64
INPATIENT CROSSOVERS	108	0		93,508.94		.00	.000	865.82	9.73
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	827	6,587		305,498.68		46.38	.686	369.41	31.80
MEDICAL	204	519		53,155.05		102.42	.054	260.56	5.53
SURGERY	70	79		3,735.54		47.29	.008	53.36	.39
PATHOLOGY	226	1,492		17,197.76		11.53	.155	76.10	1.79
RADIOLOGY	177	330		26,518.31		80.36	.034	149.82	2.76
ROOM USE	296	425		17,654.04		41.54	.044	59.64	1.84
CROSSOVERS/ALL OTH OUTPTNT	624	3,742		187,237.98		50.04	.390	300.06	19.49
@COUNTY HOSPITAL TOTAL	9	190	\$	101,912.82	\$	536.38	.020	11323.65	10.61
CO HOSPITAL INPATIENT TOTAL	6	180		101,815.40		565.64	.019	16969.23	10.60
HSC HOSPITALS	2	15		20,280.00		1352.00	.002	10140.00	2.11
NON-HSC HOSPITALS TOTAL	4	165		81,535.40		494.15	.017	20383.85	8.49
ACCOMMODATIONS	4	165		38,164.50		231.30	.017	9541.13	3.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	4	165		38,164.50		231.30	.017	9541.13	3.97
ANCILLARIES	4	0		43,370.90		.00	.000	10842.73	4.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	10		97.42		9.74	.001	32.47	.01
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	2		34.34		17.17	.000	34.34	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	8		63.08		7.89	.001	31.54	.01

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SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

9,606 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,004	7,181	\$	1,430,596.46	\$ 199.22	.748	\$ 1424.90	\$ 148.93
COMM HOSP INPATIENT TOTAL	228	604		1,125,195.20	1862.91	.063	4935.07	117.13
HSC HOSPITALS	18	126		168,689.09	1338.80	.013	9371.62	17.56
NON-HSC HOSPITALS TOTAL	105	478		862,997.17	1805.43	.050	8219.02	89.84
ACCOMMODATIONS	103	478		198,953.99	416.22	.050	1931.59	20.71
ADMINISTRATIVE DAYS	4	15		2,565.30	171.02	.002	641.33	.27
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	463		196,388.69	424.17	.048	1983.72	20.44
ANCILLARIES	105	0		664,043.18	.00	.000	6324.22	69.13
INPATIENT CROSSOVERS	108	0		93,508.94	.00	.000	865.82	9.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	825	6,577		305,401.26	46.43	.685	370.18	31.79
MEDICAL	204	519		53,155.05	102.42	.054	260.56	5.53
SURGERY	70	79		3,735.54	47.29	.008	53.36	.39
PATHOLOGY	225	1,490		17,163.42	11.52	.155	76.28	1.79
RADIOLOGY	177	330		26,518.31	80.36	.034	149.82	2.76
ROOM USE	296	425		17,654.04	41.54	.044	59.64	1.84
CROSSOVERS/ALL OTH OUTPTNT	622	3,734		187,174.90	50.13	.389	300.92	19.49
@STATE HOSPITAL	9	350	\$	181,313.99	\$ 518.04	.036	\$ 20146.00	\$ 18.88
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350		181,313.99	518.04	.036	20146.00	18.88
@NURSING FACILITY	420	11,730	\$	1,526,936.05	\$ 130.17	1.221	\$ 3635.56	\$ 158.96
LEV A-INTERMEDIATE	1	7		626.78	89.54	.001	626.78	.07
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	15	422		226,394.30	536.48	.044	15092.95	23.57
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	407	11,301		1,299,914.97	115.03	1.176	3193.89	135.32
@INTERMEDIATE CARE FACIL.-DD	936	28,106	\$	4,710,264.90	\$ 167.59	2.926	\$ 5032.33	\$ 490.35
ICF DDH	578	17,261		2,617,467.00	151.64	1.797	4528.49	272.48
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	358	10,845		2,092,797.90	192.97	1.129	5845.80	217.86
@HEMODIALYSIS TOTAL	62	111	\$	53,031.06	\$ 477.76	.012	\$ 855.34	\$ 5.52
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	62	111		53,031.06	477.76	.012	855.34	5.52
@REHABILITATION FACILITY	18	433	\$	5,603.50	\$ 12.94	.045	\$ 311.31	\$.58
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	18	433		5,603.50	12.94	.045	311.31	.58
@LABORATORY FACILITY	447	1,981	\$	24,406.73	\$ 12.32	.206	\$ 54.60	\$ 2.54
PATHOLOGY	391	1,854		19,835.47	10.70	.193	50.73	2.06
XO AND OTHERS	56	127		4,571.26	35.99	.013	81.63	.48
@ORGANIZED OUTPATIENT CLINIC	2,689	4,571	\$	296,966.22	\$ 64.97	.476	\$ 110.44	\$ 30.91
CLINIC	20	75		1,450.52	19.34	.008	72.53	.15
SURGICENTER	48	118		10,104.71	85.63	.012	210.51	1.05
HEROIN DETOX CLINIC	1	11		148.08	13.46	.001	148.08	.02
RURAL HEALTH CLINIC	2,635	4,367		285,262.91	65.32	.455	108.26	29.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

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	9,606 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,969	133,480	\$	619,685.82	\$ 4.64	13.895	\$ 314.72	\$ 64.51
DURABLE MED. EQUIP.	155	557		76,093.05	136.61	.058	490.92	7.92
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	56	115	5,833.80	50.73	.012	104.18	.61
MEDICAL TRANSPORTATION	326	24,733	97,188.66	3.93	2.575	298.12	10.12
AMBULANCES/AIR TRANS	105	1,857	25,878.11	13.94	.193	246.46	2.69
OTHER TRANS	210	22,757	59,223.28	2.60	2.369	282.02	6.17
OTHER SERVICES	32	119	12,087.27	101.57	.012	377.73	1.26
ACUPUNCTURE	4	10	164.90	16.49	.001	41.23	.02
ADULT DAY HEALTH CARE CTR	39	567	39,462.30	69.60	.059	1011.85	4.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	94	8,522	251,657.80	29.53	.887	2677.21	26.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	261	631	6,680.88	10.59	.066	25.60	.70
PHYSICAL THERAPIST	16	232	2,932.61	12.64	.024	183.29	.31
PORTABLE X-RAY	3	5	71.96	14.39	.001	23.99	.01
PROSTHETIST/ORTHOTISTS	28	73	6,562.11	89.89	.008	234.36	.68
PROSTHETICS	28	73	6,562.11	89.89	.008	234.36	.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	34.61	34.61	.000	34.61	.00
SPEECH AND AUDIOLOGY	53	97	6,716.21	69.24	.010	126.72	.70
HOSPICE SERVICES	12	228	30,085.27	131.95	.024	2507.11	3.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	1,826	12,578.30	6.89	.190	339.95	1.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,103	95,883	83,623.36	.87	9.982	75.81	8.71
@CALIF. CHILDREN SERVICES*	44	568	\$ 34,671.99	\$ 61.04	.059	\$ 788.00	\$ 3.61
@XOVER EXCLUDING STATE HOSP**	2,462	37,024	\$ 422,627.71	\$ 11.41	3.854	\$ 171.66	\$ 44.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
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SHASTA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

146,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78,424	428,373	\$ 25,941,601.31	\$ 60.56	2.927	\$ 330.79	\$ 177.24
@PHYSICIANS SERVICES	20,464	73,214	\$ 2,930,380.68	\$ 40.02	.500	\$ 143.20	\$ 20.02
OUTPATIENT VISITS	12,575	18,662	747,755.98	40.07	.128	59.46	5.11
OFFICE VISITS	5,918	7,096	240,047.55	33.83	.048	40.56	1.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6,501	7,457	405,180.20	54.34	.051	62.33	2.77
PREVENTIVE CARE	35	34	1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI	582	3,967	97,829.61	24.66	.027	168.09	.67
OTHER OUTPATIENT	101	108	3,341.89	30.94	.001	33.09	.02
INPATIENT VISITS	1,140	4,305	314,533.79	73.06	.029	275.91	2.15
HOSPITAL VISITS	1,063	3,171	150,275.84	47.39	.022	141.37	1.03
CRITICAL CARE	191	1,131	164,130.85	145.12	.008	859.32	1.12
SNF/ICF/TRANS IP CARE	2	3	127.10	42.37	.000	63.55	.00
OPHTHALMOLOGICAL SERVICES	270	283	12,421.57	43.89	.002	46.01	.08
EXAMINATIONS	270	283	12,421.57	43.89	.002	46.01	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,062	9,707	511,506.55	52.69	.066	481.64	3.49
PRINCIPAL SURGEON	758	1,085	425,486.39	392.15	.007	561.33	2.91
ASSISTANT SURGEON	96	99	15,889.06	160.50	.001	165.51	.11
ANESTHESIOLOGIST	346	8,523	70,131.10	8.23	.058	202.69	.48
OUTPATIENT SURGERY	2,099	20,849	408,295.49	19.58	.142	194.52	2.79
PRINCIPAL SURGEON	1,800	2,248	346,466.43	154.12	.015	192.48	2.37
ASSISTANT SURGEON	38	38	3,627.03	95.45	.000	95.45	.02
ANESTHESIOLOGIST	414	18,563	58,202.03	3.14	.127	140.58	.40
DIALYSIS	23	93	7,456.84	80.18	.001	324.21	.05
PATHOLOGY	752	1,399	15,019.76	10.74	.010	19.97	.10
RADIOLOGY	7,064	11,564	663,811.34	57.40	.079	93.97	4.54
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	295	701	57,471.18	81.98	.005	194.82	.39
OTHER SERVICES/ALL X-OVERS	2,365	5,649	191,961.60	33.98	.039	81.17	1.31
@PHARMACY	40,090	124,406	\$ 6,414,880.38	\$ 51.56	.850	\$ 160.01	\$ 43.83
PRESCRIPTION DRUGS	39,798	102,924	6,306,387.55	61.27	.703	158.46	43.09
SNF/ICF	9	25	2,361.27	94.45	.000	262.36	.02
OUTPATIENTS	39,793	102,899	6,304,026.28	61.26	.703	158.42	43.07
MEDICAL SUPPLIES	1,265	21,482	108,492.83	5.05	.147	85.77	.74
@DENTIST	6,396	34,333	\$ 1,124,964.01	\$ 32.77	.235	\$ 175.89	\$ 7.69
VISITS - DIAGNOSTIC	4,742	23,329	311,448.87	13.35	.159	65.68	2.13
ORAL SURGERY	1,059	2,534	169,602.94	66.93	.017	160.15	1.16
DRUGS	94	185	2,475.00	13.38	.001	26.33	.02
ANESTHESIA	159	159	15,000.00	94.34	.001	94.34	.10
PERIODONTICS	207	208	21,996.00	105.75	.001	106.26	.15
ENDODONTICS	573	905	166,663.75	184.16	.006	290.86	1.14
RESTORATIVE DENTISTRY	2,107	5,887	345,209.45	58.64	.040	163.84	2.36
PROSTHETICS	17	18	520.00	28.89	.000	30.59	.00
DENTURES, STAYPLATES	167	523	54,983.30	105.13	.004	329.24	.38
SPACE MAINTAINERS	43	55	6,211.00	112.93	.000	144.44	.04
MAXILLOFACIAL SERVICES	15	18	4,978.70	276.59	.000	331.91	.03
FRACTURES, DISLOCATIONS	4	4	4,700.00	1175.00	.000	1175.00	.03
ORTHODONTIC SERVICES	216	261	20,275.00	77.68	.002	93.87	.14
ALL OTHER SERVICES	119	247	900.00	3.64	.002	7.56	.01

SHASTA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

146,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2,229	6,466	\$ 146,982.53	\$ 22.73	.044	\$ 65.94	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	1,655	1,752	74,128.06	42.31	.012	44.79	.51
EYE APPLIANCES	1,528	4,577	68,489.30	14.96	.031	44.82	.47
OTHER OPTOMETRIC SERVICES	130	137	4,365.17	31.86	.001	33.58	.03
@CHIROPRACTOR	1,659	2,603	\$ 43,277.14	\$ 16.63	.018	\$ 26.09	\$.30
VISITS	1,658	2,601	43,243.70	16.63	.018	26.08	.30
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	13	32	\$ 695.41	\$ 21.73	.000	\$ 53.49	\$.00
MEDICINE/INJECTIONS	12	15	530.62	35.37	.000	44.22	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	24.22	24.22	.000	24.22	.00
OTHER	1	16	140.57	8.79	.000	140.57	.00
@HOME HEALTH AGENCY	476	1,478	\$ 94,973.77	\$ 64.26	.010	\$ 199.52	\$.65
NURSE ANESTHESIST	16	168	\$ 2,068.36	\$ 12.31	.001	\$ 129.27	\$.01
NURSE MIDWIFE	4	5	\$ 1,762.92	\$ 352.58	.000	\$ 440.73	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	212	302	\$ 6,996.70	\$ 23.17	.002	\$ 33.00	\$.05
@TOTAL HOSPITAL	14,183	72,457	\$ 9,868,343.99	\$ 136.20	.495	\$ 695.79	\$ 67.42
HOSP INPATIENT TOTAL	1,253	5,813	8,046,291.60	1384.19	.040	6421.62	54.98
HSC HOSPITALS	81	592	825,125.96	1393.79	.004	10186.74	5.64
NON-HSC HOSPITAL TOTAL	1,160	5,221	7,178,391.17	1374.91	.036	6188.27	49.05
ACCOMMODATIONS	1,158	5,221	2,426,620.30	464.78	.036	2095.53	16.58
ADMINISTRATIVE DAYS	4	72	16,422.30	228.09	.000	4105.58	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,156	5,149	2,410,198.00	468.09	.035	2084.95	16.47
ANCILLARIES	1,160	0	4,751,770.87	.00	.000	4096.35	32.47
INPATIENT CROSSOVERS	16	0	42,774.47	.00	.000	2673.40	.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,429	66,644	1,822,052.39	27.34	.455	135.68	12.45
MEDICAL	4,365	6,218	203,286.56	32.69	.042	46.57	1.39
SURGERY	1,547	1,822	68,178.67	37.42	.012	44.07	.47
PATHOLOGY	4,761	17,617	218,668.08	12.41	.120	45.93	1.49
RADIOLOGY	3,506	4,781	295,334.56	61.77	.033	84.24	2.02
ROOM USE	11,007	15,242	546,984.98	35.89	.104	49.69	3.74
CROSSOVERS/ALL OTH OUTPTNT	5,945	20,964	489,599.54	23.35	.143	82.35	3.35
@COUNTY HOSPITAL TOTAL	51	223	\$ 17,050.90	\$ 76.46	.002	\$ 334.33	\$.12
CO HOSPITAL INPATIENT TOTAL	2	9	11,154.02	1239.34	.000	5577.01	.08
HSC HOSPITALS	2	9	11,154.02	1239.34	.000	5577.01	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	50	214	5,896.88	27.56	.001	117.94	.04
MEDICAL	24	33	1,738.88	52.69	.000	72.45	.01
SURGERY	5	6	223.57	37.26	.000	44.71	.00
PATHOLOGY	14	80	993.71	12.42	.001	70.98	.01
RADIOLOGY	8	11	494.36	44.94	.000	61.80	.00
ROOM USE	36	49	2,052.09	41.88	.000	57.00	.01

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
146,361 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	14,137	72,234	\$ 9,851,293.09	\$ 136.38	.494	\$ 696.84	\$ 67.31
COMM HOSP INPATIENT TOTAL	1,251	5,804	8,035,137.58	1384.41	.040	6422.97	54.90
HSC HOSPITALS	79	583	813,971.94	1396.18	.004	10303.44	5.56
NON-HSC HOSPITALS TOTAL	1,160	5,221	7,178,391.17	1374.91	.036	6188.27	49.05
ACCOMMODATIONS	1,158	5,221	2,426,620.30	464.78	.036	2095.53	16.58
ADMINISTRATIVE DAYS	4	72	16,422.30	228.09	.000	4105.58	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,156	5,149	2,410,198.00	468.09	.035	2084.95	16.47
ANCILLARIES	1,160	0	4,751,770.87	.00	.000	4096.35	32.47
INPATIENT CROSSOVERS	16	0	42,774.47	.00	.000	2673.40	.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,384	66,430	1,816,155.51	27.34	.454	135.70	12.41
MEDICAL	4,342	6,185	201,547.68	32.59	.042	46.42	1.38
SURGERY	1,542	1,816	67,955.10	37.42	.012	44.07	.46
PATHOLOGY	4,747	17,537	217,674.37	12.41	.120	45.86	1.49
RADIOLOGY	3,498	4,770	294,840.20	61.81	.033	84.29	2.01
ROOM USE	10,974	15,193	544,932.89	35.87	.104	49.66	3.72
CROSSOVERS/ALL OTH OUTPTNT	5,931	20,929	489,205.27	23.37	.143	82.48	3.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	44	\$ 20,402.08	\$ 463.68	.000	\$ 4080.42	\$.14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	31	17,971.31	579.72	.000	17971.31	.12
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	13	2,430.77	186.98	.000	607.69	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	21	1,083	\$ 52,878.24	\$ 48.83	.007	\$ 2518.01	\$.36
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	21	1,083	52,878.24	48.83	.007	2518.01	.36
@REHABILITATION FACILITY	35	372	\$ 5,420.87	\$ 14.57	.003	\$ 154.88	\$.04
HOSPITAL BASED	12	71	1,726.40	24.32	.000	143.87	.01
INDEPENDENT FACILITY	23	301	3,694.47	12.27	.002	160.63	.03
@LABORATORY FACILITY	6,523	22,849	\$ 327,144.26	\$ 14.32	.156	\$ 50.15	\$ 2.24
PATHOLOGY	6,508	22,818	323,583.70	14.18	.156	49.72	2.21
XO AND OTHERS	15	31	3,560.56	114.86	.000	237.37	.02
@ORGANIZED OUTPATIENT CLINIC	28,407	43,711	\$ 4,358,951.22	\$ 99.72	.299	\$ 153.45	\$ 29.78
CLINIC	1,851	5,508	178,279.81	32.37	.038	96.32	1.22
SURGICENTER	230	926	46,689.20	50.42	.006	203.00	.32
HEROIN DETOX CLINIC	2	26	324.60	12.48	.000	162.30	.00
RURAL HEALTH CLINIC	26,632	37,251	4,133,657.61	110.97	.255	155.21	28.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,248
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SHASTA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

146,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,776	44,850	\$ 541,478.75	\$ 12.07	.306	\$ 79.91	\$ 3.70
DURABLE MED. EQUIP.	312	677	41,879.49	61.86	.005	134.23	.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	70	138	8,583.00	62.20	.001	122.61	.06
MEDICAL TRANSPORTATION	769	11,884	237,021.59	19.94	.081	308.22	1.62
AMBULANCES/AIR TRANS	744	10,159	156,216.39	15.38	.069	209.97	1.07
OTHER TRANS	20	1,648	7,558.49	4.59	.011	377.92	.05
OTHER SERVICES	58	77	73,246.71	951.26	.001	1262.87	.50
ACUPUNCTURE	12	18	373.43	20.75	.000	31.12	.00
ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.000	104.37	.00
GENETIC DISEASE TESTING	247	247	25,863.00	104.71	.002	104.71	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	14	193.35	13.81	.000	64.45	.00
OPTICIAN	1,741	3,974	41,053.94	10.33	.027	23.58	.28
PHYSICAL THERAPIST	305	3,403	47,964.55	14.09	.023	157.26	.33
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	248	332	23,648.69	71.23	.002	95.36	.16
PROSTHETICS	245	329	23,551.80	71.59	.002	96.13	.16
ORTHOTICS	3	3	96.89	32.30	.000	32.30	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	93	285	16,142.87	56.64	.002	173.58	.11
HOSPICE SERVICES	2	17	2,260.83	132.99	.000	1130.42	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,818	8,906	85,035.29	9.55	.061	30.18	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	307	14,952	11,249.98	.75	.102	36.64	.08
@CALIF. CHILDREN SERVICES*	364	5,592	\$ 1,387,593.52	\$ 248.14	.038	\$ 3812.07	\$ 9.48
@XOVER EXCLUDING STATE HOSP**	294	1,583	\$ 67,211.07	\$ 42.46	.011	\$ 228.61	\$.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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171,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	104,181	1,141,553	\$ 65,043,320.02	\$ 56.98	6.668	\$ 624.33	\$ 379.91
@PHYSICIANS SERVICES	25,208	95,415	\$ 3,428,917.95	\$ 35.94	.557	\$ 136.02	\$ 20.03
OUTPATIENT VISITS	13,170	19,514	786,648.61	40.31	.114	59.73	4.59
OFFICE VISITS	6,325	7,654	258,202.94	33.73	.045	40.82	1.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6,711	7,728	425,159.52	55.02	.045	63.35	2.48
PREVENTIVE CARE	35	34	1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI	582	3,967	97,829.61	24.66	.023	168.09	.57
OTHER OUTPATIENT	123	131	4,099.81	31.30	.001	33.33	.02
INPATIENT VISITS	1,332	5,208	356,806.65	68.51	.030	267.87	2.08
HOSPITAL VISITS	1,228	3,960	181,960.06	45.95	.023	148.18	1.06
CRITICAL CARE	218	1,217	174,165.24	143.11	.007	798.92	1.02
SNF/ICF/TRANS IP CARE	21	31	681.35	21.98	.000	32.45	.00
OPHTHALMOLOGICAL SERVICES	301	322	14,017.58	43.53	.002	46.57	.08

EXAMINATIONS	301	322	14,017.58	43.53	.002	46.57	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,149	11,707	560,814.93	47.90	.068	488.09	3.28
PRINCIPAL SURGEON	827	1,203	462,561.38	384.51	.007	559.32	2.70
ASSISTANT SURGEON	107	109	18,374.78	168.58	.001	171.73	.11
ANESTHESIOLOGIST	376	10,395	79,878.77	7.68	.061	212.44	.47
OUTPATIENT SURGERY	2,244	22,684	451,257.00	19.89	.132	201.09	2.64
PRINCIPAL SURGEON	1,920	2,411	382,467.25	158.63	.014	199.20	2.23
ASSISTANT SURGEON	40	40	4,017.20	100.43	.000	100.43	.02
ANESTHESIOLOGIST	452	20,233	64,772.55	3.20	.118	143.30	.38
DIALYSIS	23	93	7,456.84	80.18	.001	324.21	.04
PATHOLOGY	840	1,629	18,408.76	11.30	.010	21.92	.11
RADIOLOGY	7,561	12,804	756,348.26	59.07	.075	100.03	4.42
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	333	1,302	79,805.98	61.29	.008	239.66	.47
OTHER SERVICES/ALL X-OVERS	6,230	20,150	397,206.76	19.71	.118	63.76	2.32
@PHARMACY	60,206	342,671	\$ 15,795,788.63	\$ 46.10	2.002	\$ 262.36	\$ 92.26
PRESCRIPTION DRUGS	59,691	220,605	15,547,037.76	70.47	1.289	260.46	90.81
SNF/ICF	7,030	55,284	3,174,000.57	57.41	.323	451.49	18.54
OUTPATIENTS	52,779	165,321	12,373,037.19	74.84	.966	234.43	72.27
MEDICAL SUPPLIES	2,846	122,066	248,750.87	2.04	.713	87.40	1.45
@DENTIST	7,605	38,965	\$ 1,315,463.58	\$ 33.76	.228	\$ 172.97	\$ 7.68
VISITS - DIAGNOSTIC	5,625	26,211	351,233.25	13.40	.153	62.44	2.05
ORAL SURGERY	1,229	3,145	195,307.14	62.10	.018	158.92	1.14
DRUGS	101	199	2,665.00	13.39	.001	26.39	.02
ANESTHESIA	178	178	16,500.00	92.70	.001	92.70	.10
PERIODONTICS	244	246	26,088.00	106.05	.001	106.92	.15
ENDODONTICS	598	941	173,813.75	184.71	.005	290.66	1.02
RESTORATIVE DENTISTRY	2,286	6,348	377,106.45	59.41	.037	164.96	2.20
PROSTHETICS	29	32	908.50	28.39	.000	31.33	.01
DENTURES, STAYPLATES	407	1,027	134,776.79	131.23	.006	331.15	.79
SPACE MAINTAINERS	43	55	6,211.00	112.93	.000	144.44	.04

MAXILLOFACIAL SERVICES	15	18	4,978.70	276.59	.000	331.91	.03
FRACTURES, DISLOCATIONS	4	4	4,700.00	1175.00	.000	1175.00	.03
ORTHODONTIC SERVICES	216	261	20,275.00	77.68	.002	93.87	.12
ALL OTHER SERVICES	153	300	900.00	3.00	.002	5.88	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

171,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2,824	8,071	\$ 179,815.97	\$ 22.28	.047	\$ 63.67	\$ 1.05	
DIAGNOSTIC AND ANC. PROCED	1,763	1,871	78,792.83	42.11	.011	44.69	.46	
EYE APPLIANCES	1,999	5,882	93,424.54	15.88	.034	46.74	.55	
OTHER OPTOMETRIC SERVICES	229	318	7,598.60	23.89	.002	33.18	.04	
@CHIROPRACTOR	1,696	2,659	\$ 44,129.23	\$ 16.60	.016	\$ 26.02	\$.26	
VISITS	1,674	2,628	43,690.96	16.63	.015	26.10	.26	
OTHER SERVICES	22	31	438.27	14.14	.000	19.92	.00	
@PODIATRIST	367	477	\$ 3,616.83	\$ 7.58	.003	\$ 9.86	\$.02	
MEDICINE/INJECTIONS	18	25	813.42	32.54	.000	45.19	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	1	1	24.22	24.22	.000	24.22	.00	
OTHER	349	451	2,779.19	6.16	.003	7.96	.02	
@HOME HEALTH AGENCY	596	14,460	\$ 462,549.80	\$ 31.99	.084	\$ 776.09	\$ 2.70	
NURSE ANESTHESIST	19	192	\$ 2,138.87	\$ 11.14	.001	\$ 112.57	\$.01	
NURSE MIDWIFE	4	5	\$ 1,762.92	\$ 352.58	.000	\$ 440.73	\$.01	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	219	310	\$ 7,160.98	\$ 23.10	.002	\$ 32.70	\$.04	
@TOTAL HOSPITAL	15,811	82,050	\$ 11,739,629.02	\$ 143.08	.479	\$ 742.50	\$ 68.57	
HOSP INPATIENT TOTAL	1,710	6,649	9,557,539.33	1437.44	.039	5589.20	55.82	
HSC HOSPITALS	101	733	1,014,095.05	1383.49	.004	10040.55	5.92	
NON-HSC HOSPITAL TOTAL	1,273	5,916	8,226,990.65	1390.63	.035	6462.68	48.05	
ACCOMMODATIONS	1,269	5,916	2,690,559.75	454.79	.035	2120.22	15.72	
ADMINISTRATIVE DAYS	8	87	18,987.60	218.25	.001	2373.45	.11	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,263	5,829	2,671,572.15	458.32	.034	2115.26	15.60	
ANCILLARIES	1,273	0	5,536,430.90	.00	.000	4349.12	32.34	
INPATIENT CROSSOVERS	343	0	316,453.63	.00	.000	922.61	1.85	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	14,661	75,401	2,182,089.69	28.94	.440	148.84	12.75	
MEDICAL	4,580	6,757	256,985.26	38.03	.039	56.11	1.50	
SURGERY	1,620	1,904	72,323.24	37.98	.011	44.64	.42	
PATHOLOGY	4,998	19,146	236,221.99	12.34	.112	47.26	1.38	
RADIOLOGY	3,689	5,133	324,005.30	63.12	.030	87.83	1.89	
ROOM USE	11,317	15,692	565,551.37	36.04	.092	49.97	3.30	
CROSSOVERS/ALL OTH OUTPTNT	6,962	26,769	727,002.53	27.16	.156	104.42	4.25	
@COUNTY HOSPITAL TOTAL	60	413	\$ 118,963.72	\$ 288.05	.002	\$ 1982.73	\$.69	
CO HOSPITAL INPATIENT TOTAL	8	189	112,969.42	597.72	.001	14121.18	.66	
HSC HOSPITALS	4	24	31,434.02	1309.75	.000	7858.51	.18	
NON-HSC HOSPITALS TOTAL	4	165	81,535.40	494.15	.001	20383.85	.48	
ACCOMMODATIONS	4	165	38,164.50	231.30	.001	9541.13	.22	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	165	38,164.50	231.30	.001	9541.13	.22	
ANCILLARIES	4	0	43,370.90	.00	.000	10842.73	.25	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	53	224	5,994.30	26.76	.001	113.10	.04
MEDICAL	24	33	1,738.88	52.69	.000	72.45	.01
SURGERY	5	6	223.57	37.26	.000	44.71	.00
PATHOLOGY	15	82	1,028.05	12.54	.000	68.54	.01
RADIOLOGY	8	11	494.36	44.94	.000	61.80	.00
ROOM USE	36	49	2,052.09	41.88	.000	57.00	.01
CROSSOVERS/ALL OTH OUTPTNT	16	43	457.35	10.64	.000	28.58	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	171,206 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15,757	81,637	\$	11,620,665.30	\$ 142.35	.477	\$ 737.49	\$ 67.88
COMM HOSP INPATIENT TOTAL	1,702	6,460		9,444,569.91	1462.01	.038	5549.10	55.16
HSC HOSPITALS	97	709		982,661.03	1385.98	.004	10130.53	5.74
NON-HSC HOSPITALS TOTAL	1,269	5,751		8,145,455.25	1416.35	.034	6418.80	47.58
ACCOMMODATIONS	1,265	5,751		2,652,395.25	461.21	.034	2096.76	15.49
ADMINISTRATIVE DAYS	8	87		18,987.60	218.25	.001	2373.45	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,259	5,664		2,633,407.65	464.94	.033	2091.67	15.38
ANCILLARIES	1,269	0		5,493,060.00	.00	.000	4328.65	32.08
INPATIENT CROSSOVERS	343	0		316,453.63	.00	.000	922.61	1.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14,614	75,177		2,176,095.39	28.95	.439	148.90	12.71
MEDICAL	4,557	6,724		255,246.38	37.96	.039	56.01	1.49
SURGERY	1,615	1,898		72,099.67	37.99	.011	44.64	.42
PATHOLOGY	4,983	19,064		235,193.94	12.34	.111	47.20	1.37
RADIOLOGY	3,681	5,122		323,510.94	63.16	.030	87.89	1.89
ROOM USE	11,284	15,643		563,499.28	36.02	.091	49.94	3.29
CROSSOVERS/ALL OTH OUTPTNT	6,946	26,726		726,545.18	27.18	.156	104.60	4.24
@STATE HOSPITAL	9	350	\$	181,313.99	\$ 518.04	.002	\$ 20146.00	\$ 1.06
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350		181,313.99	518.04	.002	20146.00	1.06
@NURSING FACILITY	6,226	183,849	\$	19,769,417.39	\$ 107.53	1.074	\$ 3175.30	\$ 115.47
LEV A-INTERMEDIATE	454	11,283		805,210.16	71.36	.066	1773.59	4.70
LEV B-REHAB MD	12	366		38,835.12	106.11	.002	3236.26	.23
LEV B-SUBACUTE FREESTANDING	11	361		130,726.87	362.12	.002	11884.26	.76
LEV B-SUBACUTE HSPTL BASED	16	453		244,365.61	539.44	.003	15272.85	1.43
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5,753	171,386		18,550,279.63	108.24	1.001	3224.45	108.35
@INTERMEDIATE CARE FACIL.-DD	1,036	31,102	\$	5,190,338.02	\$ 166.88	.182	\$ 5009.98	\$ 30.32
ICF DDH	651	19,453		2,936,457.61	150.95	.114	4510.69	17.15
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	385	11,649		2,253,880.41	193.48	.068	5854.23	13.16
@HEMODIALYSIS TOTAL	137	1,267	\$	140,415.02	\$ 110.82	.007	\$ 1024.93	\$.82
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	137	1,267		140,415.02	110.82	.007	1024.93	.82
@REHABILITATION FACILITY	58	860	\$	11,522.16	\$ 13.40	.005	\$ 198.66	\$.07
HOSPITAL BASED	13	77		1,902.86	24.71	.000	146.37	.01
INDEPENDENT FACILITY	45	783		9,619.30	12.29	.005	213.76	.06
@LABORATORY FACILITY	7,103	25,138	\$	354,938.21	\$ 14.12	.147	\$ 49.97	\$ 2.07
PATHOLOGY	6,942	24,816		345,439.49	13.92	.145	49.76	2.02
XO AND OTHERS	161	322		9,498.72	29.50	.002	59.00	.06
@ORGANIZED OUTPATIENT CLINIC	33,056	51,535	\$	4,792,326.64	\$ 92.99	.301	\$ 144.98	\$ 27.99
CLINIC	1,871	5,583		179,730.33	32.19	.033	96.06	1.05

SURGICENTER	374	1,197	79,700.61	66.58	.007	213.10	.47
HEROIN DETOX CLINIC	3	37	472.68	12.78	.000	157.56	.00
RURAL HEALTH CLINIC	31,141	44,718	4,532,423.02	101.36	.261	145.55	26.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,252

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
171,206 ELIGIBLES						
@ALL OTHER PROVIDERS	11,616	262,177	\$ 1,622,074.81	\$ 6.19	1.531	\$ 139.64 \$ 9.47
DURABLE MED. EQUIP.	566	1,870	164,389.86	87.91	.011	290.44 .96
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	261	498	61,036.02	122.56	.003	233.85 .36
MEDICAL TRANSPORTATION	2,126	62,108	453,633.50	7.30	.363	213.37 2.65
AMBULANCES/AIR TRANS	874	12,088	183,106.32	15.15	.071	209.50 1.07
OTHER TRANS	1,231	49,618	184,186.47	3.71	.290	149.62 1.08
OTHER SERVICES	180	402	86,340.71	214.78	.002	479.67 .50
ACUPUNCTURE	16	28	538.33	19.23	.000	33.65 .00
ADULT DAY HEALTH CARE CTR	142	1,677	116,769.18	69.63	.010	822.32 .68
GENETIC DISEASE TESTING	247	247	25,863.00	104.71	.001	104.71 .15
IHMC,MODEL-NF,NF,AIDS,MSSP	333	10,058	328,072.22	32.62	.059	985.20 1.92
OCCUPATIONAL THERAPIST	3	14	193.35	13.81	.000	64.45 .00
OPTICIAN	2,328	5,421	57,257.43	10.56	.032	24.60 .33
PHYSICAL THERAPIST	321	3,635	50,897.16	14.00	.021	158.56 .30
PORTABLE X-RAY	31	72	145.93	2.03	.000	4.71 .00
PROSTHETIST/ORTHOTISTS	306	476	32,965.16	69.25	.003	107.73 .19
PROSTHETICS	303	473	32,868.27	69.49	.003	108.48 .19
ORTHOTICS	3	3	96.89	32.30	.000	32.30 .00
PSYCHOLOGIST	1	1	34.61	34.61	.000	34.61 .00
SPEECH AND AUDIOLOGY	215	563	36,183.73	64.27	.003	168.30 .21
HOSPICE SERVICES	20	441	56,206.54	127.45	.003	2810.33 .33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	2,856	10,733	97,623.99	9.10	.063	34.18 .57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	2,526	164,335	140,264.80	.85	.960	55.53 .82
@CALIF. CHILDREN SERVICES*	421	6,291	\$ 1,427,262.96	\$ 226.87	.037	\$ 3390.17 \$ 8.34
@XOVER EXCLUDING STATE HOSP**	7,105	72,974	\$ 1,353,914.68	\$ 18.55	.426	\$ 190.56 \$ 7.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,253
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
16,105 ELIGIBLES						
@TOTAL, ALL PROVIDERS	7,869	70,364	\$ 2,432,056.21	\$ 34.56	4.369	\$ 309.07 \$ 151.01
@PHYSICIANS SERVICES	1,783	5,377	\$ 207,293.63	\$ 38.55	.334	\$ 116.26 \$ 12.87
OUTPATIENT VISITS	1,181	1,765	72,925.76	41.32	.110	61.75 4.53
OFFICE VISITS	502	578	20,180.39	34.91	.036	40.20 1.25
HOME VISITS	1	1	28.07	28.07	.000	28.07 .00
EMERGENCY ROOM	625	747	40,802.20	54.62	.046	65.28 2.53
PREVENTIVE CARE	2	2	81.24	40.62	.000	40.62 .01
OB VISITS/COMPRE PERI	67	410	10,768.41	26.26	.025	160.72 .67

OTHER OUTPATIENT	26	27		1,065.45	39.46	.002	40.98	.07
INPATIENT VISITS	100	316		20,255.04	64.10	.020	202.55	1.26
HOSPITAL VISITS	89	250		12,201.76	48.81	.016	137.10	.76
CRITICAL CARE	14	61		7,848.28	128.66	.004	560.59	.49
SNF/ICF/TRANS IP CARE	2	5		205.00	41.00	.000	102.50	.01
OPHTHALMOLOGICAL SERVICES	35	40		1,706.92	42.67	.002	48.77	.11
EXAMINATIONS	35	40		1,706.92	42.67	.002	48.77	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	60	433		31,498.90	72.75	.027	524.98	1.96
PRINCIPAL SURGEON	48	70		27,643.26	394.90	.004	575.90	1.72
ASSISTANT SURGEON	1	1		121.61	121.61	.000	121.61	.01
ANESTHESIOLOGIST	16	362		3,734.03	10.32	.022	233.38	.23
OUTPATIENT SURGERY	139	1,271		22,186.29	17.46	.079	159.61	1.38
PRINCIPAL SURGEON	114	133		17,175.22	129.14	.008	150.66	1.07
ASSISTANT SURGEON	2	2		210.72	105.36	.000	105.36	.01
ANESTHESIOLOGIST	33	1,136		4,800.35	4.23	.071	145.47	.30
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	71	124		1,295.17	10.44	.008	18.24	.08
RADIOLOGY	543	890		44,250.68	49.72	.055	81.49	2.75
PSYCHIATRY	2	2		146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	16	31		492.25	15.88	.002	30.77	.03
OTHER SERVICES/ALL X-OVERS	185	505		12,536.04	24.82	.031	67.76	.78
@PHARMACY	3,561	16,755	\$	565,331.42	\$ 33.74	1.040	\$ 158.76	\$ 35.10
PRESCRIPTION DRUGS	3,528	7,705		537,416.88	69.75	.478	152.33	33.37
SNF/ICF	10	53		4,961.87	93.62	.003	496.19	.31
OUTPATIENTS	3,518	7,652		532,455.01	69.58	.475	151.35	33.06
MEDICAL SUPPLIES	137	9,050		27,914.54	3.08	.562	203.76	1.73
@DENTIST	577	3,095	\$	102,490.45	\$ 33.11	.192	\$ 177.63	\$ 6.36
VISITS - DIAGNOSTIC	446	2,173		31,359.20	14.43	.135	70.31	1.95
ORAL SURGERY	78	224		18,656.25	83.29	.014	239.18	1.16
DRUGS	14	25		385.00	15.40	.002	27.50	.02
ANESTHESIA	23	23		2,200.00	95.65	.001	95.65	.14
PERIODONTICS	2	2		236.00	118.00	.000	118.00	.01
ENDODONTICS	39	69		13,198.00	191.28	.004	338.41	.82
RESTORATIVE DENTISTRY	164	504		31,091.00	61.69	.031	189.58	1.93
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4		219.00	54.75	.000	219.00	.01
SPACE MAINTAINERS	4	5		671.00	134.20	.000	167.75	.04
MAXILLOFACIAL SERVICES	2	3		250.00	83.33	.000	125.00	.02
FRACTURES, DISLOCATIONS	1	1		500.00	500.00	.000	500.00	.03
ORTHODONTIC SERVICES	38	50		3,650.00	73.00	.003	96.05	.23
ALL OTHER SERVICES	14	12		75.00	6.25	.001	5.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,254
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

						----- MONTHLY AVERAGE -----			
16,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	173	504	\$ 11,182.17	\$ 22.19	.031	\$ 64.64	\$.69		
DIAGNOSTIC AND ANC. PROCED	124	131	5,542.57	42.31	.008	44.70	.34		
EYE APPLIANCES	126	371	5,570.99	15.02	.023	44.21	.35		
OTHER OPTOMETRIC SERVICES	2	2	68.61	34.31	.000	34.31	.00		
@CHIROPRACTOR	72	107	\$ 1,747.24	\$ 16.33	.007	\$ 24.27	\$.11		
VISITS	72	107	1,747.24	16.33	.007	24.27	.11		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	71	6,230	\$	163,566.51	\$ 26.25	.387	\$ 2303.75	\$ 10.16
NURSE ANESTHESIST	1	6	\$	104.91	\$ 17.49	.000	\$ 104.91	\$.01
NURSE MIDWIFE	1	1	\$	182.94	\$ 182.94	.000	\$ 182.94	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	23	31	\$	647.02	\$ 20.87	.002	\$ 28.13	\$.04
@TOTAL HOSPITAL	1,298	6,769	\$	704,778.26	\$ 104.12	.420	\$ 542.97	\$ 43.76
HOSP INPATIENT TOTAL	88	401		529,848.92	1321.32	.025	6021.01	32.90
HSC HOSPITALS	9	38		53,683.00	1412.71	.002	5964.78	3.33
NON-HSC HOSPITAL TOTAL	79	363		476,165.92	1311.75	.023	6027.42	29.57
ACCOMMODATIONS	79	363		188,902.94	520.39	.023	2391.18	11.73
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	358		187,746.44	524.43	.022	2407.01	11.66
ANCILLARIES	79	0		287,262.98	.00	.000	3636.24	17.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,244	6,368		174,929.34	27.47	.395	140.62	10.86
MEDICAL	295	389		14,001.32	35.99	.024	47.46	.87
SURGERY	150	173		5,683.14	32.85	.011	37.89	.35
PATHOLOGY	478	1,884		24,612.53	13.06	.117	51.49	1.53
RADIOLOGY	344	466		25,513.98	54.75	.029	74.17	1.58
ROOM USE	1,020	1,404		51,120.03	36.41	.087	50.12	3.17
CROSSOVERS/ALL OTH OUTPTNT	595	2,052		53,998.34	26.31	.127	90.75	3.35
@COUNTY HOSPITAL TOTAL	9	20	\$	5,390.96	\$ 269.55	.001	\$ 599.00	\$.33
CO HOSPITAL INPATIENT TOTAL	1	4		4,780.00	1195.00	.000	4780.00	.30
HSC HOSPITALS	1	4		4,780.00	1195.00	.000	4780.00	.30
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	16	610.96	38.19	.001	76.37	.04
MEDICAL	5	5	212.55	42.51	.000	42.51	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	52.20	10.44	.000	17.40	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	195.25	39.05	.000	39.05	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	150.96	150.96	.000	150.96	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	16,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,290	6,749	\$	699,387.30	\$ 103.63	.419	\$ 542.16	\$ 43.43
COMM HOSP INPATIENT TOTAL	87	397		525,068.92	1322.59	.025	6035.27	32.60
HSC HOSPITALS	8	34		48,903.00	1438.32	.002	6112.88	3.04
NON-HSC HOSPITALS TOTAL	79	363		476,165.92	1311.75	.023	6027.42	29.57
ACCOMMODATIONS	79	363		188,902.94	520.39	.023	2391.18	11.73
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	358		187,746.44	524.43	.022	2407.01	11.66
ANCILLARIES	79	0		287,262.98	.00	.000	3636.24	17.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,237	6,352		174,318.38	27.44	.394	140.92	10.82
MEDICAL	291	384		13,788.77	35.91	.024	47.38	.86
SURGERY	150	173		5,683.14	32.85	.011	37.89	.35
PATHOLOGY	475	1,879		24,560.33	13.07	.117	51.71	1.53
RADIOLOGY	344	466		25,513.98	54.75	.029	74.17	1.58
ROOM USE	1,015	1,399		50,924.78	36.40	.087	50.17	3.16
CROSSOVERS/ALL OTH OUTPTNT	594	2,051		53,847.38	26.25	.127	90.65	3.34
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	218	\$	118,836.96	\$ 545.12	.014	\$ 14854.62	\$ 7.38
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	212		117,355.68	553.56	.013	16765.10	7.29
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	6		1,481.28	246.88	.000	1481.28	.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	21	386	\$	5,025.54	\$ 13.02	.024	\$ 239.31	\$.31
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	21	386		5,025.54	13.02	.024	239.31	.31
@LABORATORY FACILITY	518	1,607	\$	22,731.19	\$ 14.15	.100	\$ 43.88	\$ 1.41
PATHOLOGY	518	1,607		22,731.19	14.15	.100	43.88	1.41
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,058	4,336	\$	447,818.76	\$ 103.28	.269	\$ 146.44	\$ 27.81
CLINIC	204	612		16,305.51	26.64	.038	79.93	1.01
SURGICENTER	13	63		1,994.41	31.66	.004	153.42	.12
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,863	3,661		429,518.84	117.32	.227	150.02	26.67

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,256
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	16,105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	440	24,942	\$	80,319.21	\$ 3.22	1.549	\$ 182.54	\$ 4.99
DURABLE MED. EQUIP.	38	524		33,860.63	64.62	.033	891.07	2.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	18		893.53	49.64	.001	81.23	.06
MEDICAL TRANSPORTATION	69	609		20,606.16	33.84	.038	298.64	1.28
AMBULANCES/AIR TRANS	68	598		11,449.37	19.15	.037	168.37	.71
OTHER TRANS	1	4		34.41	8.60	.000	34.41	.00
OTHER SERVICES	7	7		9,122.38	1303.20	.000	1303.20	.57
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33		3,417.00	103.55	.002	103.55	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	32		382.76	11.96	.002	382.76	.02
OPTICIAN	140	316		2,742.77	8.68	.020	19.59	.17
PHYSICAL THERAPIST	15	222		3,049.33	13.74	.014	203.29	.19
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	24		2,442.99	101.79	.001	143.71	.15
PROSTHETICS	17	24		2,442.99	101.79	.001	143.71	.15
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	91		2,650.97	29.13	.006	155.94	.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	59	150		1,374.16	9.16	.009	23.29	.09
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	22,921		8,855.66	.39	1.423	210.85	.55
@CALIF. CHILDREN SERVICES*	136	3,036	\$	269,137.75	\$ 88.65	.189	\$ 1978.95	\$ 16.71
@XOVER EXCLUDING STATE HOSP**	3	16	\$	337.71	\$ 21.11	.001	\$ 112.57	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,257
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	352	1,997	\$	375,109.45	\$ 187.84	10.913	\$ 1065.65	\$ 2049.78
@PHYSICIANS SERVICES	155	484	\$	24,707.71	\$ 51.05	2.645	\$ 159.40	\$ 135.01

OUTPATIENT VISITS	67	76	4,062.03	53.45	.415	60.63	22.20
OFFICE VISITS	11	14	388.50	27.75	.077	35.32	2.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	55	59	3,625.37	61.45	.322	65.92	19.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	48.16	16.05	.016	16.05	.26
INPATIENT VISITS	20	60	3,235.55	53.93	.328	161.78	17.68
HOSPITAL VISITS	20	55	2,668.11	48.51	.301	133.41	14.58
CRITICAL CARE	4	5	567.44	113.49	.027	141.86	3.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	67.66	33.83	.011	67.66	.37
EXAMINATIONS	1	2	67.66	33.83	.011	67.66	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	55	5,784.48	105.17	.301	413.18	31.61
PRINCIPAL SURGEON	9	11	4,132.89	375.72	.060	459.21	22.58
ASSISTANT SURGEON	3	3	625.65	208.55	.016	208.55	3.42
ANESTHESIOLOGIST	6	41	1,025.94	25.02	.224	170.99	5.61
OUTPATIENT SURGERY	11	139	1,403.09	10.09	.760	127.55	7.67
PRINCIPAL SURGEON	9	9	1,065.02	118.34	.049	118.34	5.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	130	338.07	2.60	.710	169.04	1.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	209.44	41.89	.027	69.81	1.14
RADIOLOGY	63	114	6,068.05	53.23	.623	96.32	33.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	33	3,877.41	117.50	.180	168.58	21.19
@PHARMACY	59	121	\$ 11,034.73	\$ 91.20	.661	\$ 187.03	\$ 60.30
PRESCRIPTION DRUGS	56	113	11,027.69	97.59	.617	196.92	60.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	56	113	11,027.69	97.59	.617	196.92	60.26
MEDICAL SUPPLIES	3	8	7.04	.88	.044	2.35	.04
@DENTIST	37	215	\$ 5,701.00	\$ 26.52	1.175	\$ 154.08	\$ 31.15
VISITS - DIAGNOSTIC	26	132	902.00	6.83	.721	34.69	4.93
ORAL SURGERY	8	29	2,568.00	88.55	.158	321.00	14.03
DRUGS	5	12	90.00	7.50	.066	18.00	.49
ANESTHESIA	5	5	300.00	60.00	.027	60.00	1.64
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	71.00	35.50	.011	71.00	.39
RESTORATIVE DENTISTRY	13	32	1,770.00	55.31	.175	136.15	9.67
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	.00	.00	.011	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.005	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,258
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 42.85	\$ 10.71	.022	\$ 21.43	\$.23
DIAGNOSTIC AND ANC. PROCED	1	1	.00	.00	.005	.00	.00

EYE APPLIANCES	1	3		42.85		14.28	.016	42.85	.23
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.011	16.72	.18
VISITS	2	2		33.44		16.72	.011	16.72	.18
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	254.71	\$	63.68	.022	127.36	1.39
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	5	\$	30.62	\$	6.12	.027	15.31	.17
@TOTAL HOSPITAL	140	828	\$	317,329.60	\$	383.25	4.525	2266.64	1734.04
HOSP INPATIENT TOTAL	19	105		300,965.98		2866.34	.574	15840.31	1644.62
HSC HOSPITALS	4	14		18,231.00		1302.21	.077	4557.75	99.62
NON-HSC HOSPITAL TOTAL	15	91		282,734.98		3106.98	.497	18849.00	1545.00
ACCOMMODATIONS	15	91		39,299.11		431.86	.497	2619.94	214.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	15	91		39,299.11		431.86	.497	2619.94	214.75
ANCILLARIES	15	0		243,435.87		.00	.000	16229.06	1330.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	123	723		16,363.62		22.63	3.951	133.04	89.42
MEDICAL	43	59		1,365.26		23.14	.322	31.75	7.46
SURGERY	16	20		583.68		29.18	.109	36.48	3.19
PATHOLOGY	51	244		2,749.18		11.27	1.333	53.91	15.02
RADIOLOGY	50	77		4,114.54		53.44	.421	82.29	22.48
ROOM USE	96	122		3,563.29		29.21	.667	37.12	19.47
CROSSOVERS/ALL OTH OUTPTNT	61	201		3,987.67		19.84	1.098	65.37	21.79
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,259
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

183 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	140	828	\$	317,329.60	\$ 383.25	4.525	\$ 2266.64	\$ 1734.04
COMM HOSP INPATIENT TOTAL	19	105		300,965.98	2866.34	.574	15840.31	1644.62
HSC HOSPITALS	4	14		18,231.00	1302.21	.077	4557.75	99.62
NON-HSC HOSPITALS TOTAL	15	91		282,734.98	3106.98	.497	18849.00	1545.00
ACCOMMODATIONS	15	91		39,299.11	431.86	.497	2619.94	214.75
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	91		39,299.11	431.86	.497	2619.94	214.75
ANCILLARIES	15	0		243,435.87	.00	.000	16229.06	1330.25
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	123	723		16,363.62	22.63	3.951	133.04	89.42
MEDICAL	43	59		1,365.26	23.14	.322	31.75	7.46
SURGERY	16	20		583.68	29.18	.109	36.48	3.19
PATHOLOGY	51	244		2,749.18	11.27	1.333	53.91	15.02
RADIOLOGY	50	77		4,114.54	53.44	.421	82.29	22.48
ROOM USE	96	122		3,563.29	29.21	.667	37.12	19.47
CROSSOVERS/ALL OTH OUTPTNT	61	201		3,987.67	19.84	1.098	65.37	21.79
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	2	11	\$	161.44	\$	14.68	.060	\$ 80.72	\$.88
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	2	11		161.44		14.68	.060	80.72	.88
@LABORATORY FACILITY	20	70	\$	948.04	\$	13.54	.383	\$ 47.40	\$ 5.18
PATHOLOGY	20	70		948.04		13.54	.383	47.40	5.18
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	47	58	\$	5,896.55	\$	101.66	.317	\$ 125.46	\$ 32.22
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	5		198.21		39.64	.027	198.21	1.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	46	53		5,698.34		107.52	.290	123.88	31.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,260
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	195	\$ 8,968.76	\$ 45.99	1.066	\$ 309.27	\$ 49.01
DURABLE MED. EQUIP.	2	9	1,347.07	149.67	.049	673.54	7.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	156	6,416.79	41.13	.852	337.73	35.06
AMBULANCES/AIR TRANS	18	150	2,782.38	18.55	.820	154.58	15.20
OTHER TRANS	1	4	34.41	8.60	.022	34.41	.19
OTHER SERVICES	2	2	3,600.00	1800.00	.011	1800.00	19.67
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.005	105.00	.57
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.011	16.64	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6	736.28	122.71	.033	368.14	4.02
PROSTHETICS	2	6	736.28	122.71	.033	368.14	4.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	122.13	40.71	.016	122.13	.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	18	224.85	12.49	.098	74.95	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	52	\$ 28,834.64	\$ 554.51	.284	\$ 3604.33	\$ 157.57
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,261
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

16,288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,221	72,361	\$ 2,807,165.66	\$ 38.79	4.443	\$ 341.46	\$ 172.35
@PHYSICIANS SERVICES	1,938	5,861	\$ 232,001.34	\$ 39.58	.360	\$ 119.71	\$ 14.24
OUTPATIENT VISITS	1,248	1,841	76,987.79	41.82	.113	61.69	4.73
OFFICE VISITS	513	592	20,568.89	34.74	.036	40.10	1.26
HOME VISITS	1	1	28.07	28.07	.000	28.07	.00
EMERGENCY ROOM	680	806	44,427.57	55.12	.049	65.33	2.73
PREVENTIVE CARE	2	2	81.24	40.62	.000	40.62	.00
OB VISITS/COMPRE PERI	67	410	10,768.41	26.26	.025	160.72	.66
OTHER OUTPATIENT	29	30	1,113.61	37.12	.002	38.40	.07
INPATIENT VISITS	120	376	23,490.59	62.47	.023	195.75	1.44
HOSPITAL VISITS	109	305	14,869.87	48.75	.019	136.42	.91
CRITICAL CARE	18	66	8,415.72	127.51	.004	467.54	.52
SNF/ICF/TRANS IP CARE	2	5	205.00	41.00	.000	102.50	.01
OPHTHALMOLOGICAL SERVICES	36	42	1,774.58	42.25	.003	49.29	.11
EXAMINATIONS	36	42	1,774.58	42.25	.003	49.29	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	74	488	37,283.38	76.40	.030	503.83	2.29
PRINCIPAL SURGEON	57	81	31,776.15	392.30	.005	557.48	1.95
ASSISTANT SURGEON	4	4	747.26	186.82	.000	186.82	.05
ANESTHESIOLOGIST	22	403	4,759.97	11.81	.025	216.36	.29
OUTPATIENT SURGERY	150	1,410	23,589.38	16.73	.087	157.26	1.45
PRINCIPAL SURGEON	123	142	18,240.24	128.45	.009	148.29	1.12
ASSISTANT SURGEON	2	2	210.72	105.36	.000	105.36	.01
ANESTHESIOLOGIST	35	1,266	5,138.42	4.06	.078	146.81	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	74	129	1,504.61	11.66	.008	20.33	.09
RADIOLOGY	606	1,004	50,318.73	50.12	.062	83.03	3.09
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	16	31	492.25	15.88	.002	30.77	.03
OTHER SERVICES/ALL X-OVERS	208	538	16,413.45	30.51	.033	78.91	1.01
@PHARMACY	3,620	16,876	\$ 576,366.15	\$ 34.15	1.036	\$ 159.22	\$ 35.39
PRESCRIPTION DRUGS	3,584	7,818	548,444.57	70.15	.480	153.03	33.67
SNF/ICF	10	53	4,961.87	93.62	.003	496.19	.30
OUTPATIENTS	3,574	7,765	543,482.70	69.99	.477	152.07	33.37
MEDICAL SUPPLIES	140	9,058	27,921.58	3.08	.556	199.44	1.71
@DENTIST	614	3,310	\$ 108,191.45	\$ 32.69	.203	\$ 176.21	\$ 6.64
VISITS - DIAGNOSTIC	472	2,305	32,261.20	14.00	.142	68.35	1.98
ORAL SURGERY	86	253	21,224.25	83.89	.016	246.79	1.30
DRUGS	19	37	475.00	12.84	.002	25.00	.03
ANESTHESIA	28	28	2,500.00	89.29	.002	89.29	.15
PERIODONTICS	2	2	236.00	118.00	.000	118.00	.01
ENDODONTICS	40	71	13,269.00	186.89	.004	331.73	.81
RESTORATIVE DENTISTRY	177	536	32,861.00	61.31	.033	185.66	2.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.000	219.00	.01
SPACE MAINTAINERS	6	7	671.00	95.86	.000	111.83	.04
MAXILLOFACIAL SERVICES	2	3	250.00	83.33	.000	125.00	.02
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.03
ORTHODONTIC SERVICES	39	51	3,650.00	71.57	.003	93.59	.22
ALL OTHER SERVICES	14	12	75.00	6.25	.001	5.36	.00

SHASTA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

16,288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	175	508	\$ 11,225.02	\$ 22.10	.031		\$ 64.14	\$.69
DIAGNOSTIC AND ANC. PROCED	125	132	5,542.57	41.99	.008		44.34	.34
EYE APPLIANCES	127	374	5,613.84	15.01	.023		44.20	.34
OTHER OPTOMETRIC SERVICES	2	2	68.61	34.31	.000		34.31	.00
@CHIROPRACTOR	74	109	\$ 1,780.68	\$ 16.34	.007		\$ 24.06	\$.11
VISITS	74	109	1,780.68	16.34	.007		24.06	.11
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	73	6,234	\$ 163,821.22	\$ 26.28	.383		\$ 2244.13	\$ 10.06
NURSE ANESTHESIST	1	6	\$ 104.91	\$ 17.49	.000		\$ 104.91	\$.01
NURSE MIDWIFE	1	1	\$ 182.94	\$ 182.94	.000		\$ 182.94	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	25	36	\$ 677.64	\$ 18.82	.002		\$ 27.11	\$.04
@TOTAL HOSPITAL	1,438	7,597	\$ 1,022,107.86	\$ 134.54	.466		\$ 710.78	\$ 62.75
HOSP INPATIENT TOTAL	107	506	830,814.90	1641.93	.031		7764.63	51.01
HSC HOSPITALS	13	52	71,914.00	1382.96	.003		5531.85	4.42
NON-HSC HOSPITAL TOTAL	94	454	758,900.90	1671.59	.028		8073.41	46.59
ACCOMMODATIONS	94	454	228,202.05	502.65	.028		2427.68	14.01
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000		1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	93	449	227,045.55	505.67	.028		2441.35	13.94
ANCILLARIES	94	0	530,698.85	.00	.000		5645.73	32.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,367	7,091	191,292.96	26.98	.435		139.94	11.74
MEDICAL	338	448	15,366.58	34.30	.028		45.46	.94
SURGERY	166	193	6,266.82	32.47	.012		37.75	.38
PATHOLOGY	529	2,128	27,361.71	12.86	.131		51.72	1.68
RADIOLOGY	394	543	29,628.52	54.56	.033		75.20	1.82
ROOM USE	1,116	1,526	54,683.32	35.83	.094		49.00	3.36
CROSSOVERS/ALL OTH OUTPTNT	656	2,253	57,986.01	25.74	.138		88.39	3.56
@COUNTY HOSPITAL TOTAL	9	20	\$ 5,390.96	\$ 269.55	.001		\$ 599.00	\$.33
CO HOSPITAL INPATIENT TOTAL	1	4	4,780.00	1195.00	.000		4780.00	.29
HSC HOSPITALS	1	4	4,780.00	1195.00	.000		4780.00	.29
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	8	16	610.96	38.19	.001		76.37	.04
MEDICAL	5	5	212.55	42.51	.000		42.51	.01
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	3	5	52.20	10.44	.000		17.40	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	5	5	195.25	39.05	.000		39.05	.01

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
16,288 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,430	7,577	\$ 1,016,716.90	\$ 134.18	.465	\$ 710.99	\$ 62.42
COMM HOSP INPATIENT TOTAL	106	502	826,034.90	1645.49	.031	7792.78	50.71
HSC HOSPITALS	12	48	67,134.00	1398.63	.003	5594.50	4.12
NON-HSC HOSPITALS TOTAL	94	454	758,900.90	1671.59	.028	8073.41	46.59
ACCOMMODATIONS	94	454	228,202.05	502.65	.028	2427.68	14.01
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	93	449	227,045.55	505.67	.028	2441.35	13.94
ANCILLARIES	94	0	530,698.85	.00	.000	5645.73	32.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,360	7,075	190,682.00	26.95	.434	140.21	11.71
MEDICAL	334	443	15,154.03	34.21	.027	45.37	.93
SURGERY	166	193	6,266.82	32.47	.012	37.75	.38
PATHOLOGY	526	2,123	27,309.51	12.86	.130	51.92	1.68
RADIOLOGY	394	543	29,628.52	54.56	.033	75.20	1.82
ROOM USE	1,111	1,521	54,488.07	35.82	.093	49.04	3.35
CROSSOVERS/ALL OTH OUTPTNT	655	2,252	57,835.05	25.68	.138	88.30	3.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	218	\$ 118,836.96	\$ 545.12	.013	\$ 14854.62	\$ 7.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	212	117,355.68	553.56	.013	16765.10	7.21
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	6	1,481.28	246.88	.000	1481.28	.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	23	397	\$ 5,186.98	\$ 13.07	.024	\$ 225.52	\$.32
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	23	397	5,186.98	13.07	.024	225.52	.32
@LABORATORY FACILITY	538	1,677	\$ 23,679.23	\$ 14.12	.103	\$ 44.01	\$ 1.45
PATHOLOGY	538	1,677	23,679.23	14.12	.103	44.01	1.45
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,105	4,394	\$ 453,715.31	\$ 103.26	.270	\$ 146.12	\$ 27.86
CLINIC	204	612	16,305.51	26.64	.038	79.93	1.00
SURGICENTER	14	68	2,192.62	32.24	.004	156.62	.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,909	3,714	435,217.18	117.18	.228	149.61	26.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,264
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

16,288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	469	25,137	\$ 89,287.97	\$ 3.55	1.543	\$ 190.38	\$ 5.48
DURABLE MED. EQUIP.	40	533	35,207.70	66.06	.033	880.19	2.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	18	893.53	49.64	.001	81.23	.05
MEDICAL TRANSPORTATION	88	765	27,022.95	35.32	.047	307.08	1.66
AMBULANCES/AIR TRANS	86	748	14,231.75	19.03	.046	165.49	.87
OTHER TRANS	2	8	68.82	8.60	.000	34.41	.00
OTHER SERVICES	9	9	12,722.38	1413.60	.001	1413.60	.78
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	34	34	3,522.00	103.59	.002	103.59	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	32	382.76	11.96	.002	382.76	.02
OPTICIAN	141	318	2,759.41	8.68	.020	19.57	.17
PHYSICAL THERAPIST	15	222	3,049.33	13.74	.014	203.29	.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	30	3,179.27	105.98	.002	167.33	.20
PROSTHETICS	19	30	3,179.27	105.98	.002	167.33	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	94	2,773.10	29.50	.006	154.06	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	168	1,599.01	9.52	.010	25.79	.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	22,921	8,855.66	.39	1.407	210.85	.54
@CALIF. CHILDREN SERVICES*	144	3,088	\$ 297,972.39	\$ 96.49	.190	\$ 2069.25	\$ 18.29

@XOVER EXCLUDING STATE HOSP** 3 16 \$ 337.71 \$ 21.11 .001 \$ 112.57 \$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,265

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,266
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,267
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,268
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,269
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	514	4,091	\$ 286,809.92	\$ 70.11	13.591	\$ 558.00	\$ 952.86
@PHYSICIANS SERVICES	194	847	\$ 39,956.99	\$ 47.17	2.814	\$ 205.96	\$ 132.75
OUTPATIENT VISITS	100	518	14,532.00	28.05	1.721	145.32	48.28
OFFICE VISITS	16	18	667.63	37.09	.060	41.73	2.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	46	2,645.57	57.51	.153	75.59	8.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	54	454	11,218.80	24.71	1.508	207.76	37.27

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	27	66	4,767.29	72.23	.219	176.57	15.84
HOSPITAL VISITS	26	53	2,650.37	50.01	.176	101.94	8.81
CRITICAL CARE	5	13	2,116.92	162.84	.043	423.38	7.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	61	13,290.36	217.87	.203	458.29	44.15
PRINCIPAL SURGEON	22	22	11,792.54	536.02	.073	536.02	39.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	39	1,497.82	38.41	.130	187.23	4.98
OUTPATIENT SURGERY	11	24	1,247.61	51.98	.080	113.42	4.14
PRINCIPAL SURGEON	8	12	865.12	72.09	.040	108.14	2.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	12	382.49	31.87	.040	95.62	1.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	53	120.66	2.28	.176	30.17	.40
RADIOLOGY	71	95	4,655.45	49.00	.316	65.57	15.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	30	1,343.62	44.79	.100	63.98	4.46
@PHARMACY	189	467	\$ 19,085.76	\$ 40.87	1.551	\$ 100.98	\$ 63.41
PRESCRIPTION DRUGS	187	441	17,719.79	40.18	1.465	94.76	58.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	187	441	17,719.79	40.18	1.465	94.76	58.87
MEDICAL SUPPLIES	10	26	1,365.97	52.54	.086	136.60	4.54
@DENTIST	23	119	\$ 3,470.00	\$ 29.16	.395	\$ 150.87	\$ 11.53
VISITS - DIAGNOSTIC	19	95	1,193.00	12.56	.316	62.79	3.96
ORAL SURGERY	6	10	709.00	70.90	.033	118.17	2.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	4	975.00	243.75	.013	487.50	3.24
RESTORATIVE DENTISTRY	6	10	593.00	59.30	.033	98.83	1.97
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,270
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	32 \$	677.00	\$ 21.16	.106	\$ 75.22	\$ 2.25
DIAGNOSTIC AND ANC. PROCED	7	7	292.10	41.73	.023	41.73	.97
EYE APPLIANCES	7	24	327.70	13.65	.080	46.81	1.09
OTHER OPTOMETRIC SERVICES	1	1	57.20	57.20	.003	57.20	.19
@CHIROPRACTOR	2	3 \$	45.98	\$ 15.33	.010	\$ 22.99	\$.15
VISITS	2	3	45.98	15.33	.010	22.99	.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	19	30 \$	1,485.39	\$ 49.51	.100	\$ 78.18	\$ 4.93
NURSE ANESTHESIST	1	5 \$	77.97	\$ 15.59	.017	\$ 77.97	\$.26
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	225	2,000 \$	189,109.17	\$ 94.55	6.645	\$ 840.49	\$ 628.27
HOSP INPATIENT TOTAL	30	134	141,751.99	1057.85	.445	4725.07	470.94
HSC HOSPITALS	1	3	3,330.03	1110.01	.010	3330.03	11.06
NON-HSC HOSPITAL TOTAL	29	131	138,421.96	1056.66	.435	4773.17	459.87
ACCOMMODATIONS	29	131	62,785.15	479.28	.435	2165.01	208.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	131	62,785.15	479.28	.435	2165.01	208.59
ANCILLARIES	29	0	75,636.81	.00	.000	2608.17	251.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	215	1,866	47,357.18	25.38	6.199	220.27	157.33
MEDICAL	27	38	1,467.95	38.63	.126	54.37	4.88
SURGERY	28	33	953.48	28.89	.110	34.05	3.17
PATHOLOGY	110	455	6,708.09	14.74	1.512	60.98	22.29
RADIOLOGY	47	54	3,750.93	69.46	.179	79.81	12.46
ROOM USE	170	312	10,863.66	34.82	1.037	63.90	36.09
CROSSOVERS/ALL OTH OUTPTNT	158	974	23,613.07	24.24	3.236	149.45	78.45
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,271
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	225	2,000	\$ 189,109.17	\$ 94.55	6.645	\$ 840.49	\$ 628.27
COMM HOSP INPATIENT TOTAL	30	134	141,751.99	1057.85	.445	4725.07	470.94
HSC HOSPITALS	1	3	3,330.03	1110.01	.010	3330.03	11.06
NON-HSC HOSPITALS TOTAL	29	131	138,421.96	1056.66	.435	4773.17	459.87
ACCOMMODATIONS	29	131	62,785.15	479.28	.435	2165.01	208.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	131	62,785.15	479.28	.435	2165.01	208.59
ANCILLARIES	29	0	75,636.81	.00	.000	2608.17	251.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	215	1,866	47,357.18	25.38	6.199	220.27	157.33
MEDICAL	27	38	1,467.95	38.63	.126	54.37	4.88
SURGERY	28	33	953.48	28.89	.110	34.05	3.17
PATHOLOGY	110	455	6,708.09	14.74	1.512	60.98	22.29
RADIOLOGY	47	54	3,750.93	69.46	.179	79.81	12.46
ROOM USE	170	312	10,863.66	34.82	1.037	63.90	36.09
CROSSOVERS/ALL OTH OUTPTNT	158	974	23,613.07	24.24	3.236	149.45	78.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	74	197	\$ 3,545.17	\$ 18.00	.654	\$ 47.91	\$ 11.78
PATHOLOGY	74	197	3,545.17	18.00	.654	47.91	11.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	143	300	\$ 25,652.65	\$ 85.51	.997	\$ 179.39	\$ 85.22
CLINIC	42	152	7,451.38	49.02	.505	177.41	24.76
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	102	148	18,201.27	122.98	.492	178.44	60.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,272
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38	91	\$ 3,703.84	\$ 40.70	.302	\$ 97.47	\$ 12.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	38	1,121.31	29.51	.126	124.59	3.73
AMBULANCES/AIR TRANS	9	37	1,111.43	30.04	.123	123.49	3.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	9.88	9.88	.003	9.88	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.070	105.00	7.33
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	126.05	9.70	.043	21.01	.42
PHYSICAL THERAPIST	2	18	243.47	13.53	.060	121.74	.81
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.003	8.01	.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,273
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	514	4,091	\$ 286,809.92	\$ 70.11	13.591	\$ 558.00	\$ 952.86
@PHYSICIANS SERVICES	194	847	\$ 39,956.99	\$ 47.17	2.814	\$ 205.96	\$ 132.75

OUTPATIENT VISITS	100	518		14,532.00	28.05	1.721	145.32	48.28
OFFICE VISITS	16	18		667.63	37.09	.060	41.73	2.22
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	35	46		2,645.57	57.51	.153	75.59	8.79
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	54	454		11,218.80	24.71	1.508	207.76	37.27
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	27	66		4,767.29	72.23	.219	176.57	15.84
HOSPITAL VISITS	26	53		2,650.37	50.01	.176	101.94	8.81
CRITICAL CARE	5	13		2,116.92	162.84	.043	423.38	7.03
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	61		13,290.36	217.87	.203	458.29	44.15
PRINCIPAL SURGEON	22	22		11,792.54	536.02	.073	536.02	39.18
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	39		1,497.82	38.41	.130	187.23	4.98
OUTPATIENT SURGERY	11	24		1,247.61	51.98	.080	113.42	4.14
PRINCIPAL SURGEON	8	12		865.12	72.09	.040	108.14	2.87
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	12		382.49	31.87	.040	95.62	1.27
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	53		120.66	2.28	.176	30.17	.40
RADIOLOGY	71	95		4,655.45	49.00	.316	65.57	15.47
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	30		1,343.62	44.79	.100	63.98	4.46
@PHARMACY	189	467	\$	19,085.76	\$ 40.87	1.551	\$ 100.98	\$ 63.41
PRESCRIPTION DRUGS	187	441		17,719.79	40.18	1.465	94.76	58.87
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	187	441		17,719.79	40.18	1.465	94.76	58.87
MEDICAL SUPPLIES	10	26		1,365.97	52.54	.086	136.60	4.54
@DENTIST	23	119	\$	3,470.00	\$ 29.16	.395	\$ 150.87	\$ 11.53
VISITS - DIAGNOSTIC	19	95		1,193.00	12.56	.316	62.79	3.96
ORAL SURGERY	6	10		709.00	70.90	.033	118.17	2.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	4		975.00	243.75	.013	487.50	3.24
RESTORATIVE DENTISTRY	6	10		593.00	59.30	.033	98.83	1.97
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 14,274
03/14/05

						----- MONTHLY AVERAGE -----			
301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	9	32	\$ 677.00	\$ 21.16	.106	\$ 75.22	\$ 2.25		
DIAGNOSTIC AND ANC. PROCED	7	7	292.10	41.73	.023	41.73	.97		

EYE APPLIANCES	7	24		327.70		13.65	.080	46.81	1.09
OTHER OPTOMETRIC SERVICES	1	1		57.20		57.20	.003	57.20	.19
@CHIROPRACTOR	2	3	\$	45.98	\$	15.33	.010	\$ 22.99	\$.15
VISITS	2	3		45.98		15.33	.010	22.99	.15
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	19	30	\$	1,485.39	\$	49.51	.100	\$ 78.18	\$ 4.93
NURSE ANESTHESIST	1	5	\$	77.97	\$	15.59	.017	\$ 77.97	\$.26
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	225	2,000	\$	189,109.17	\$	94.55	6.645	\$ 840.49	\$ 628.27
HOSP INPATIENT TOTAL	30	134		141,751.99		1057.85	.445	4725.07	470.94
HSC HOSPITALS	1	3		3,330.03		1110.01	.010	3330.03	11.06
NON-HSC HOSPITAL TOTAL	29	131		138,421.96		1056.66	.435	4773.17	459.87
ACCOMMODATIONS	29	131		62,785.15		479.28	.435	2165.01	208.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	29	131		62,785.15		479.28	.435	2165.01	208.59
ANCILLARIES	29	0		75,636.81		.00	.000	2608.17	251.29
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	215	1,866		47,357.18		25.38	6.199	220.27	157.33
MEDICAL	27	38		1,467.95		38.63	.126	54.37	4.88
SURGERY	28	33		953.48		28.89	.110	34.05	3.17
PATHOLOGY	110	455		6,708.09		14.74	1.512	60.98	22.29
RADIOLOGY	47	54		3,750.93		69.46	.179	79.81	12.46
ROOM USE	170	312		10,863.66		34.82	1.037	63.90	36.09

CROSSOVERS/ALL OTH OUTPTNT	158	974	23,613.07	24.24	3.236	149.45	78.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,275
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	225	2,000	\$ 189,109.17	\$ 94.55	6.645	\$ 840.49	\$ 628.27
COMM HOSP INPATIENT TOTAL	30	134	141,751.99	1057.85	.445	4725.07	470.94
HSC HOSPITALS	1	3	3,330.03	1110.01	.010	3330.03	11.06
NON-HSC HOSPITALS TOTAL	29	131	138,421.96	1056.66	.435	4773.17	459.87
ACCOMMODATIONS	29	131	62,785.15	479.28	.435	2165.01	208.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	131	62,785.15	479.28	.435	2165.01	208.59
ANCILLARIES	29	0	75,636.81	.00	.000	2608.17	251.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	215	1,866	47,357.18	25.38	6.199	220.27	157.33
MEDICAL	27	38	1,467.95	38.63	.126	54.37	4.88
SURGERY	28	33	953.48	28.89	.110	34.05	3.17
PATHOLOGY	110	455	6,708.09	14.74	1.512	60.98	22.29
RADIOLOGY	47	54	3,750.93	69.46	.179	79.81	12.46
ROOM USE	170	312	10,863.66	34.82	1.037	63.90	36.09
CROSSOVERS/ALL OTH OUTPTNT	158	974	23,613.07	24.24	3.236	149.45	78.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	74	197	\$ 3,545.17	\$ 18.00	.654	\$ 47.91	\$ 11.78
PATHOLOGY	74	197	3,545.17	18.00	.654	47.91	11.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	143	300	\$ 25,652.65	\$ 85.51	.997	\$ 179.39	\$ 85.22
CLINIC	42	152	7,451.38	49.02	.505	177.41	24.76
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	102	148	18,201.27	122.98	.492	178.44	60.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,276
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

	301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38	91	\$	3,703.84	\$ 40.70	.302	\$ 97.47	\$ 12.31
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	38		1,121.31	29.51	.126	124.59	3.73
AMBULANCES/AIR TRANS	9	37		1,111.43	30.04	.123	123.49	3.69
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		9.88	9.88	.003	9.88	.03
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21		2,205.00	105.00	.070	105.00	7.33
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	13		126.05	9.70	.043	21.01	.42
PHYSICAL THERAPIST	2	18		243.47	13.53	.060	121.74	.81
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.01	8.01	.003	8.01	.03
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,277
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	107	3,745	\$ 325,401.10	\$ 86.89	58.516	\$ 3041.13	\$ 5084.39	
@PHYSICIANS SERVICES	27	57	\$ 2,044.00	\$ 35.86	.891	\$ 75.70	\$ 31.94	
OUTPATIENT VISITS	4	5	191.55	38.31	.078	47.89	2.99	
OFFICE VISITS	4	4	123.20	30.80	.063	30.80	1.93	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.016	68.35	1.07	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	6	8	292.44	36.56	.125	48.74	4.57	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	6	8	292.44	36.56	.125	48.74	4.57	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	2	6	276.66	46.11	.094	138.33	4.32	
PRINCIPAL SURGEON	1	1	118.07	118.07	.016	118.07	1.84	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	5	158.59	31.72	.078	158.59	2.48	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	70.11	70.11	.016	70.11	1.10	
RADIOLOGY	13	24	903.52	37.65	.375	69.50	14.12	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	9	13	309.72	23.82	.203	34.41	4.84	
@PHARMACY	55	499	\$ 32,592.51	\$ 65.32	7.797	\$ 592.59	\$ 509.26	
PRESCRIPTION DRUGS	53	315	32,480.04	103.11	4.922	612.83	507.50	
SNF/ICF	39	211	10,094.57	47.84	3.297	258.84	157.73	
OUTPATIENTS	15	104	22,385.47	215.24	1.625	1492.36	349.77	
MEDICAL SUPPLIES	2	184	112.47	.61	2.875	56.24	1.76	
@DENTIST	3	19	\$ 400.00	\$ 21.05	.297	\$ 133.33	\$ 6.25	
VISITS - DIAGNOSTIC	3	16	237.00	14.81	.250	79.00	3.70	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	3	163.00	54.33	.047	163.00	2.55	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

SHASTA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	2	\$ 161.01	\$ 80.51	.031	\$ 161.01	\$ 2.52
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.016	75.11	1.17
EYE APPLIANCES	1	1	85.90	85.90	.016	85.90	1.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	11	\$ 792.03	\$ 72.00	.172	\$ 264.01	\$ 12.38
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	17	109	\$ 28,686.49	\$ 263.18	1.703	\$ 1687.44	\$ 448.23
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	109	28,686.49	263.18	1.703	1687.44	448.23
MEDICAL	5	6	393.33	65.56	.094	78.67	6.15
SURGERY	1	0	83.15CR	.00	.000	83.15CR	1.30CR
PATHOLOGY	9	90	929.49	10.33	1.406	103.28	14.52
RADIOLOGY	4	6	524.04	87.34	.094	131.01	8.19
ROOM USE	2	1	47.35CR	47.35CR	.016	23.68CR	.74CR
CROSSOVERS/ALL OTH OUTPTNT	6	6	26,970.13	4495.02	.094	4495.02	421.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	109	\$ 28,686.49	\$ 263.18	1.703	\$ 1687.44	\$ 448.23
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	109	28,686.49	263.18	1.703	1687.44	448.23
MEDICAL	5	6	393.33	65.56	.094	78.67	6.15
SURGERY	1	0	83.15CR	.00	.000	83.15CR	1.30CR
PATHOLOGY	9	90	929.49	10.33	1.406	103.28	14.52
RADIOLOGY	4	6	524.04	87.34	.094	131.01	8.19
ROOM USE	2	1	47.35CR	47.35CR	.016	23.68CR	.74CR
CROSSOVERS/ALL OTH OUTPTNT	6	6	26,970.13	4495.02	.094	4495.02	421.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	650	\$ 158,357.46	\$ 243.63	10.156	\$ 7540.83	\$ 2474.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	7	210		116,457.58		554.56	3.281	16636.80	1819.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	14	440		41,899.88		95.23	6.875	2992.85	654.69
@INTERMEDIATE CARE FACIL.-DD	12	364	\$	74,819.19	\$	205.55	5.688	\$ 6234.93	\$ 1169.05
ICF DDH	0	0		885.36		.00	.000	.00	13.83
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	364		73,933.83		203.11	5.688	6161.15	1155.22
@HEMODIALYSIS TOTAL	3	69	\$	5,144.16	\$	74.55	1.078	\$ 1714.72	\$ 80.38
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	69		5,144.16		74.55	1.078	1714.72	80.38
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	16	139	\$	1,118.56	\$	8.05	2.172	\$ 69.91	\$ 17.48
PATHOLOGY	16	139		1,118.56		8.05	2.172	69.91	17.48
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	98	\$	9,450.38	\$	96.43	1.531	\$ 315.01	\$ 147.66
CLINIC	2	5		170.19		34.04	.078	85.10	2.66
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	28	93		9,280.19		99.79	1.453	331.44	145.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,280
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								
	AID CODE 53								

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	1,728	\$ 11,835.31	\$ 6.85	27.000	\$ 422.69	\$ 184.93
DURABLE MED. EQUIP.	9	37	2,018.06	54.54	.578	224.23	31.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	323	1,859.70	5.76	5.047	143.05	29.06
AMBULANCES/AIR TRANS	8	235	1,511.15	6.43	3.672	188.89	23.61
OTHER TRANS	5	83	329.82	3.97	1.297	65.96	5.15
OTHER SERVICES	2	5	18.73	3.75	.078	9.37	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.031	16.64	.26
PHYSICAL THERAPIST	1	10	111.59	11.16	.156	111.59	1.74
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	292.18	146.09	.031	146.09	4.57
PROSTHETICS	2	2	292.18	146.09	.031	146.09	4.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.58	48.19	.047	144.58	2.26
HOSPICE SERVICES	2	58	7,243.04	124.88	.906	3621.52	113.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	1,293	149.52	.12	20.203	74.76	2.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 4 14 \$ 4,467.99 \$ 319.14 .219 \$ 1117.00 \$ 69.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,281

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	17	\$ 738.80	\$ 43.46	2.833	\$ 147.76	\$ 123.13
@PHYSICIANS SERVICES	1	9	\$ 549.02	\$ 61.00	1.500	\$ 549.02	\$ 91.50
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	8	501.91	62.74	1.333	501.91	83.65
HOSPITAL VISITS	1	6	321.41	53.57	1.000	321.41	53.57
CRITICAL CARE	1	2	180.50	90.25	.333	180.50	30.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	47.11	47.11	.167	47.11	7.85
@PHARMACY	1	1	\$ 99.28	\$ 99.28	.167	\$ 99.28	\$ 16.55
PRESCRIPTION DRUGS	1	1	99.28	99.28	.167	99.28	16.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	99.28	99.28	.167	99.28	16.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,282
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	4	7	\$ 90.50	\$ 12.93	1.167	\$ 22.63	\$ 15.08	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4	7	90.50	12.93	1.167	22.63	15.08	
MEDICAL	1	1	.00	.00	.167	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	.00	.00	.167	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	3	5	90.50	18.10	.833	30.17	15.08	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,283
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	7	\$ 90.50	\$ 12.93	1.167	\$ 22.63	\$ 15.08
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	7	90.50	12.93	1.167	22.63	15.08
MEDICAL	1	1	.00	.00	.167	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	.00	.00	.167	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	90.50	18.10	.833	30.17	15.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,284
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,285
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	112	3,762	\$ 326,139.90	\$ 86.69	53.743	\$ 2911.96	\$ 4659.14
@PHYSICIANS SERVICES	28	66	\$ 2,593.02	\$ 39.29	.943	\$ 92.61	\$ 37.04
OUTPATIENT VISITS	4	5	191.55	38.31	.071	47.89	2.74
OFFICE VISITS	4	4	123.20	30.80	.057	30.80	1.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.014	68.35	.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	16	794.35	49.65	.229	113.48	11.35
HOSPITAL VISITS	1	6	321.41	53.57	.086	321.41	4.59
CRITICAL CARE	1	2	180.50	90.25	.029	180.50	2.58
SNF/ICF/TRANS IP CARE	6	8	292.44	36.56	.114	48.74	4.18
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	6	276.66	46.11	.086	138.33	3.95
PRINCIPAL SURGEON	1	1	118.07	118.07	.014	118.07	1.69
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	158.59	31.72	.071	158.59	2.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	70.11	70.11	.014	70.11	1.00
RADIOLOGY	13	24	903.52	37.65	.343	69.50	12.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	14	356.83	25.49	.200	35.68	5.10
@PHARMACY	56	500	\$ 32,691.79	\$ 65.38	7.143	\$ 583.78	\$ 467.03
PRESCRIPTION DRUGS	54	316	32,579.32	103.10	4.514	603.32	465.42
SNF/ICF	39	211	10,094.57	47.84	3.014	258.84	144.21
OUTPATIENTS	16	105	22,484.75	214.14	1.500	1405.30	321.21
MEDICAL SUPPLIES	2	184	112.47	.61	2.629	56.24	1.61
@DENTIST	3	19	\$ 400.00	\$ 21.05	.271	\$ 133.33	\$ 5.71
VISITS - DIAGNOSTIC	3	16	237.00	14.81	.229	79.00	3.39
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	163.00	54.33	.043	163.00	2.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,286
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 161.01	\$ 80.51	.029	\$ 161.01	\$ 2.30
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.014	75.11	1.07
EYE APPLIANCES	1	1	85.90	85.90	.014	85.90	1.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	11	\$ 792.03	\$ 72.00	.157	\$ 264.01	\$ 11.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	116	\$ 28,776.99	\$ 248.08	1.657	\$ 1370.33	\$ 411.10
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	116	28,776.99	248.08	1.657	1370.33	411.10
MEDICAL	6	7	393.33	56.19	.100	65.56	5.62
SURGERY	1	0	83.15CR	.00	.000	83.15CR	1.19CR
PATHOLOGY	9	90	929.49	10.33	1.286	103.28	13.28
RADIOLOGY	4	6	524.04	87.34	.086	131.01	7.49
ROOM USE	3	2	47.35CR	23.68CR	.029	15.78CR	.68CR
CROSSOVERS/ALL OTH OUTPTNT	9	11	27,060.63	2460.06	.157	3006.74	386.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,287
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	116	\$ 28,776.99	\$ 248.08	1.657	\$ 1370.33	\$ 411.10
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	116	28,776.99	248.08	1.657	1370.33	411.10
MEDICAL	6	7	393.33	56.19	.100	65.56	5.62
SURGERY	1	0	83.15CR	.00	.000	83.15CR	1.19CR
PATHOLOGY	9	90	929.49	10.33	1.286	103.28	13.28
RADIOLOGY	4	6	524.04	87.34	.086	131.01	7.49
ROOM USE	3	2	47.35CR	23.68CR	.029	15.78CR	.68CR
CROSSOVERS/ALL OTH OUTPTNT	9	11	27,060.63	2460.06	.157	3006.74	386.58
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	650	\$ 158,357.46	\$ 243.63	9.286	\$ 7540.83	\$ 2262.25
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	210	116,457.58	554.56	3.000	16636.80	1663.68
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	440	41,899.88	95.23	6.286	2992.85	598.57
@INTERMEDIATE CARE FACIL.-DD	12	364	\$ 74,819.19	\$ 205.55	5.200	\$ 6234.93	\$ 1068.85
ICF DDH	0	0	885.36	.00	.000	.00	12.65
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	364	73,933.83	203.11	5.200	6161.15	1056.20
@HEMODIALYSIS TOTAL	3	69	\$ 5,144.16	\$ 74.55	.986	\$ 1714.72	\$ 73.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	69	5,144.16	74.55	.986	1714.72	73.49
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	16	139	\$	1,118.56	\$	8.05		1.986	\$	69.91	\$	15.98
PATHOLOGY	16	139		1,118.56		8.05		1.986		69.91		15.98
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	98	\$	9,450.38	\$	96.43		1.400	\$	315.01	\$	135.01
CLINIC	2	5		170.19		34.04		.071		85.10		2.43
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	28	93		9,280.19		99.79		1.329		331.44		132.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,288
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28		1,728	\$ 11,835.31	\$ 6.85	24.686	\$ 422.69	\$ 169.08
DURABLE MED. EQUIP.	9		37	2,018.06	54.54	.529	224.23	28.83
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13		323	1,859.70	5.76	4.614	143.05	26.57
AMBULANCES/AIR TRANS	8		235	1,511.15	6.43	3.357	188.89	21.59
OTHER TRANS	5		83	329.82	3.97	1.186	65.96	4.71
OTHER SERVICES	2		5	18.73	3.75	.071	9.37	.27
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	16.64	8.32	.029	16.64	.24
PHYSICAL THERAPIST	1		10	111.59	11.16	.143	111.59	1.59
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		2	292.18	146.09	.029	146.09	4.17
PROSTHETICS	2		2	292.18	146.09	.029	146.09	4.17
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1		3	144.58	48.19	.043	144.58	2.07
HOSPICE SERVICES	2		58	7,243.04	124.88	.829	3621.52	103.47
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2		1,293	149.52	.12	18.471	74.76	2.14
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4		14	\$ 4,467.99	\$ 319.14	.200	\$ 1117.00	\$ 63.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,289
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,290
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,291
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,292
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SHASTA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	626	7,853	\$ 612,949.82	\$ 78.05	21.167	\$ 979.15	\$ 1652.16
@PHYSICIANS SERVICES	222	913	\$ 42,550.01	\$ 46.60	2.461	\$ 191.67	\$ 114.69
OUTPATIENT VISITS	104	523	14,723.55	28.15	1.410	141.57	39.69
OFFICE VISITS	20	22	790.83	35.95	.059	39.54	2.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	47	2,713.92	57.74	.127	75.39	7.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	54	454	11,218.80	24.71	1.224	207.76	30.24
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	34	82	5,561.64	67.82	.221	163.58	14.99
HOSPITAL VISITS	27	59	2,971.78	50.37	.159	110.07	8.01
CRITICAL CARE	6	15	2,297.42	153.16	.040	382.90	6.19
SNF/ICF/TRANS IP CARE	6	8	292.44	36.56	.022	48.74	.79
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	61	13,290.36	217.87	.164	458.29	35.82
PRINCIPAL SURGEON	22	22	11,792.54	536.02	.059	536.02	31.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	39	1,497.82	38.41	.105	187.23	4.04
OUTPATIENT SURGERY	13	30	1,524.27	50.81	.081	117.25	4.11
PRINCIPAL SURGEON	9	13	983.19	75.63	.035	109.24	2.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	17	541.08	31.83	.046	108.22	1.46
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	54	190.77	3.53	.146	38.15	.51
RADIOLOGY	84	119	5,558.97	46.71	.321	66.18	14.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	31	44	1,700.45	38.65	.119	54.85	4.58
@PHARMACY	245	967	\$ 51,777.55	\$ 53.54	2.606	\$ 211.34	\$ 139.56
PRESCRIPTION DRUGS	241	757	50,299.11	66.45	2.040	208.71	135.58
SNF/ICF	39	211	10,094.57	47.84	.569	258.84	27.21
OUTPATIENTS	203	546	40,204.54	73.63	1.472	198.05	108.37
MEDICAL SUPPLIES	12	210	1,478.44	7.04	.566	123.20	3.99
@DENTIST	26	138	\$ 3,870.00	\$ 28.04	.372	\$ 148.85	\$ 10.43
VISITS - DIAGNOSTIC	22	111	1,430.00	12.88	.299	65.00	3.85
ORAL SURGERY	6	10	709.00	70.90	.027	118.17	1.91
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	4	975.00	243.75	.011	487.50	2.63
RESTORATIVE DENTISTRY	7	13	756.00	58.15	.035	108.00	2.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SHASTA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	34	\$ 838.01	\$ 24.65	.092	\$ 83.80	\$ 2.26
DIAGNOSTIC AND ANC. PROCED	8	8	367.21	45.90	.022	45.90	.99
EYE APPLIANCES	8	25	413.60	16.54	.067	51.70	1.11
OTHER OPTOMETRIC SERVICES	1	1	57.20	57.20	.003	57.20	.15
@CHIROPRACTOR	2	3	\$ 45.98	\$ 15.33	.008	\$ 22.99	\$.12
VISITS	2	3	45.98	15.33	.008	22.99	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	22	41	\$ 2,277.42	\$ 55.55	.111	\$ 103.52	\$ 6.14
NURSE ANESTHESIST	1	5	77.97	\$ 15.59	.013	\$ 77.97	\$.21
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	246	2,116	\$ 217,886.16	\$ 102.97	5.704	\$ 885.72	\$ 587.29
HOSP INPATIENT TOTAL	30	134	141,751.99	1057.85	.361	4725.07	382.08
HSC HOSPITALS	1	3	3,330.03	1110.01	.008	3330.03	8.98
NON-HSC HOSPITAL TOTAL	29	131	138,421.96	1056.66	.353	4773.17	373.11
ACCOMMODATIONS	29	131	62,785.15	479.28	.353	2165.01	169.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	131	62,785.15	479.28	.353	2165.01	169.23
ANCILLARIES	29	0	75,636.81	.00	.000	2608.17	203.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	236	1,982	76,134.17	38.41	5.342	322.60	205.21
MEDICAL	33	45	1,861.28	41.36	.121	56.40	5.02
SURGERY	29	33	870.33	26.37	.089	30.01	2.35
PATHOLOGY	119	545	7,637.58	14.01	1.469	64.18	20.59
RADIOLOGY	51	60	4,274.97	71.25	.162	83.82	11.52
ROOM USE	173	314	10,816.31	34.45	.846	62.52	29.15
CROSSOVERS/ALL OTH OUTPTNT	167	985	50,673.70	51.45	2.655	303.44	136.59
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,295
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

					----- MONTHLY AVERAGE -----			
371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	246	2,116	\$ 217,886.16	\$ 102.97	5.704	\$ 885.72	\$ 587.29	
COMM HOSP INPATIENT TOTAL	30	134	141,751.99	1057.85	.361	4725.07	382.08	
HSC HOSPITALS	1	3	3,330.03	1110.01	.008	3330.03	8.98	
NON-HSC HOSPITALS TOTAL	29	131	138,421.96	1056.66	.353	4773.17	373.11	
ACCOMMODATIONS	29	131	62,785.15	479.28	.353	2165.01	169.23	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	29	131	62,785.15	479.28	.353	2165.01	169.23	
ANCILLARIES	29	0	75,636.81	.00	.000	2608.17	203.87	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	236	1,982	76,134.17	38.41	5.342	322.60	205.21	
MEDICAL	33	45	1,861.28	41.36	.121	56.40	5.02	
SURGERY	29	33	870.33	26.37	.089	30.01	2.35	
PATHOLOGY	119	545	7,637.58	14.01	1.469	64.18	20.59	
RADIOLOGY	51	60	4,274.97	71.25	.162	83.82	11.52	
ROOM USE	173	314	10,816.31	34.45	.846	62.52	29.15	
CROSSOVERS/ALL OTH OUTPTNT	167	985	50,673.70	51.45	2.655	303.44	136.59	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	21	650	\$ 158,357.46	\$ 243.63	1.752	\$ 7540.83	\$ 426.84	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	7	210		116,457.58		554.56	.566	16636.80	313.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	14	440		41,899.88		95.23	1.186	2992.85	112.94
@INTERMEDIATE CARE FACIL.-DD	12	364	\$	74,819.19	\$	205.55	.981	\$ 6234.93	\$ 201.67
ICF DDH	0	0		885.36		.00	.000	.00	2.39
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	364		73,933.83		203.11	.981	6161.15	199.28
@HEMODIALYSIS TOTAL	3	69	\$	5,144.16	\$	74.55	.186	\$ 1714.72	\$ 13.87
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	69		5,144.16		74.55	.186	1714.72	13.87
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	90	336	\$	4,663.73	\$	13.88	.906	\$ 51.82	\$ 12.57
PATHOLOGY	90	336		4,663.73		13.88	.906	51.82	12.57
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	173	398	\$	35,103.03	\$	88.20	1.073	\$ 202.91	\$ 94.62
CLINIC	44	157		7,621.57		48.55	.423	173.22	20.54
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	130	241		27,481.46		114.03	.650	211.40	74.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,296
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
371 ELIGIBLES							
@ALL OTHER PROVIDERS	66	1,819	\$ 15,539.15	\$ 8.54	4.903	\$ 235.44	\$ 41.88
DURABLE MED. EQUIP.	9	37	2,018.06	54.54	.100	224.23	5.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	361	2,981.01	8.26	.973	135.50	8.04
AMBULANCES/AIR TRANS	17	272	2,622.58	9.64	.733	154.27	7.07
OTHER TRANS	5	83	329.82	3.97	.224	65.96	.89
OTHER SERVICES	3	6	28.61	4.77	.016	9.54	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.057	105.00	5.94
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	15	142.69	9.51	.040	20.38	.38
PHYSICAL THERAPIST	3	28	355.06	12.68	.075	118.35	.96
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	292.18	146.09	.005	146.09	.79
PROSTHETICS	2	2	292.18	146.09	.005	146.09	.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.58	48.19	.008	144.58	.39
HOSPICE SERVICES	2	58	7,243.04	124.88	.156	3621.52	19.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	1,294	157.53	.12	3.488	52.51	.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 4 14 \$ 4,467.99 \$ 319.14 .038 \$ 1117.00 \$ 12.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,297
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR ALL AGED

32,113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30,098	788,520	\$ 31,611,687.21	\$ 40.09	24.555	\$ 1050.29	\$ 984.39
@PHYSICIANS SERVICES	5,490	16,458	\$ 266,369.92	\$ 16.18	.513	\$ 48.52	\$ 8.29
OUTPATIENT VISITS	45	53	1,839.90	34.72	.002	40.89	.06
OFFICE VISITS	37	44	1,233.15	28.03	.001	33.33	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	606.75	75.84	.000	75.84	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	.00	.00	.000	.00	.00
INPATIENT VISITS	8	21	1,067.71	50.84	.001	133.46	.03
HOSPITAL VISITS	6	15	642.11	42.81	.000	107.02	.02
CRITICAL CARE	3	6	425.60	70.93	.000	141.87	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	13	572.02	44.00	.000	57.20	.02
EXAMINATIONS	10	13	572.02	44.00	.000	57.20	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	28	6,657.61	237.77	.001	1331.52	.21
PRINCIPAL SURGEON	4	6	5,654.00	942.33	.000	1413.50	.18
ASSISTANT SURGEON	1	1	421.07	421.07	.000	421.07	.01
ANESTHESIOLOGIST	1	21	582.54	27.74	.001	582.54	.02
OUTPATIENT SURGERY	12	139	5,605.45	40.33	.004	467.12	.17
PRINCIPAL SURGEON	10	11	4,924.30	447.66	.000	492.43	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	128	681.15	5.32	.004	113.53	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	11	185.76	16.89	.000	37.15	.01
RADIOLOGY	29	54	2,883.20	53.39	.002	99.42	.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	26	2,226.67	85.64	.001	445.33	.07
OTHER SERVICES/ALL X-OVERS	5,416	16,113	245,331.60	15.23	.502	45.30	7.64
@PHARMACY	24,276	322,748	\$ 8,619,240.50	\$ 26.71	10.050	\$ 355.05	\$ 268.40
PRESCRIPTION DRUGS	23,987	129,136	8,454,535.43	65.47	4.021	352.46	263.27
SNF/ICF	6,005	47,713	2,517,336.43	52.76	1.486	419.21	78.39
OUTPATIENTS	18,059	81,423	5,937,199.00	72.92	2.536	328.77	184.88
MEDICAL SUPPLIES	2,006	193,612	164,705.07	.85	6.029	82.11	5.13
@DENTIST	1,289	4,558	\$ 203,637.80	\$ 44.68	.142	\$ 157.98	\$ 6.34
VISITS - DIAGNOSTIC	921	2,903	39,406.30	13.57	.090	42.79	1.23
ORAL SURGERY	145	545	23,241.00	42.64	.017	160.28	.72
DRUGS	5	9	90.00	10.00	.000	18.00	.00
ANESTHESIA	8	8	700.00	87.50	.000	87.50	.02
PERIODONTICS	42	43	4,455.00	103.60	.001	106.07	.14
ENDODONTICS	19	27	6,020.00	222.96	.001	316.84	.19
RESTORATIVE DENTISTRY	174	390	27,944.00	71.65	.012	160.60	.87
PROSTHETICS	11	14	390.00	27.86	.000	35.45	.01
DENTURES, STAYPLATES	294	590	100,916.50	171.04	.018	343.25	3.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	2	3	475.00	158.33	.000	237.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.000	.00	.00
ALL OTHER SERVICES	26	24	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,298
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL AGED

32,113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	735	2,026	\$ 42,633.96	\$ 21.04	.063	\$ 58.01	\$ 1.33
DIAGNOSTIC AND ANC. PROCED	66	72	2,440.02	33.89	.002	36.97	.08
EYE APPLIANCES	569	1,619	35,136.32	21.70	.050	61.75	1.09
OTHER OPTOMETRIC SERVICES	161	335	5,057.62	15.10	.010	31.41	.16
@CHIROPRACTOR	23	31	\$ 464.63	\$ 14.99	.001	\$ 20.20	\$.01
VISITS	7	11	183.92	16.72	.000	26.27	.01
OTHER SERVICES	18	20	280.71	14.04	.001	15.60	.01
@PODIATRIST	383	480	\$ 2,925.63	\$ 6.10	.015	\$ 7.64	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	383	480	2,925.63	6.10	.015	7.64	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	15	\$ 42.38	\$ 2.83	.000	\$ 14.13	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	8	20	\$ 187.09	\$ 9.35	.001	\$ 23.39	\$.01
@TOTAL HOSPITAL	1,584	6,313	\$ 912,849.94	\$ 144.60	.197	\$ 576.29	\$ 28.43
HOSP INPATIENT TOTAL	515	267	747,703.41	2800.39	.008	1451.85	23.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	35	267	341,847.50	1280.33	.008	9767.07	10.65
ACCOMMODATIONS	35	267	102,311.33	383.19	.008	2923.18	3.19
ADMINISTRATIVE DAYS	2	22	4,670.80	212.31	.001	2335.40	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	34	245	97,640.53	398.53	.008	2871.78	3.04
ANCILLARIES	35	0	239,536.17	.00	.000	6843.89	7.46
INPATIENT CROSSOVERS	481	0	405,855.91	.00	.000	843.78	12.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,108	6,046	165,146.53	27.32	.188	149.05	5.14
MEDICAL	14	26	718.00	27.62	.001	51.29	.02
SURGERY	6	6	470.33	78.39	.000	78.39	.01
PATHOLOGY	13	40	366.03	9.15	.001	28.16	.01
RADIOLOGY	8	24	2,384.01	99.33	.001	298.00	.07
ROOM USE	18	34	1,246.82	36.67	.001	69.27	.04
CROSSOVERS/ALL OTH OUTPTNT	1,094	5,916	159,961.34	27.04	.184	146.22	4.98
@COUNTY HOSPITAL TOTAL	6	10	\$ 322.47	\$ 32.25	.000	\$ 53.75	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	6	10	322.47	32.25	.000	53.75	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	10	322.47	32.25	.000	53.75	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
32,113 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,578	6,303	\$ 912,527.47	\$ 144.78	.196	\$ 578.28	\$ 28.42
COMM HOSP INPATIENT TOTAL	515	267	747,703.41	2800.39	.008	1451.85	23.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	35	267	341,847.50	1280.33	.008	9767.07	10.65
ACCOMMODATIONS	35	267	102,311.33	383.19	.008	2923.18	3.19
ADMINISTRATIVE DAYS	2	22	4,670.80	212.31	.001	2335.40	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	34	245	97,640.53	398.53	.008	2871.78	3.04
ANCILLARIES	35	0	239,536.17	.00	.000	6843.89	7.46
INPATIENT CROSSOVERS	481	0	405,855.91	.00	.000	843.78	12.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,102	6,036	164,824.06	27.31	.188	149.57	5.13
MEDICAL	14	26	718.00	27.62	.001	51.29	.02
SURGERY	6	6	470.33	78.39	.000	78.39	.01
PATHOLOGY	13	40	366.03	9.15	.001	28.16	.01
RADIOLOGY	8	24	2,384.01	99.33	.001	298.00	.07
ROOM USE	18	34	1,246.82	36.67	.001	69.27	.04
CROSSOVERS/ALL OTH OUTPTNT	1,088	5,906	159,638.87	27.03	.184	146.73	4.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,232	180,070	\$ 19,367,474.67	\$ 107.56	5.607	\$ 3107.75	\$ 603.10
LEV A-INTERMEDIATE	506	12,640	927,415.29	73.37	.394	1832.84	28.88
LEV B-REHAB MD	27	868	101,710.41	117.18	.027	3767.05	3.17
LEV B-SUBACUTE FREESTANDING	11	361	130,726.87	362.12	.011	11884.26	4.07
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,706	166,201	18,207,622.10	109.55	5.176	3190.96	566.99
@INTERMEDIATE CARE FACIL.-DD	100	2,996	\$ 480,073.12	\$ 160.24	.093	\$ 4800.73	\$ 14.95
ICF DDH	73	2,192	318,990.61	145.52	.068	4369.73	9.93
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	27	804	161,082.51	200.35	.025	5966.02	5.02
@HEMODIALYSIS TOTAL	138	186	\$ 86,304.56	\$ 464.00	.006	\$ 625.40	\$ 2.69
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	138	186	86,304.56	464.00	.006	625.40	2.69
@REHABILITATION FACILITY	1	6	\$ 176.46	\$ 29.41	.000	\$ 176.46	\$.01
HOSPITAL BASED	1	6	176.46	29.41	.000	176.46	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	317	687	\$ 10,063.60	\$ 14.65	.021	\$ 31.75	\$.31
PATHOLOGY	57	174	2,441.64	14.03	.005	42.84	.08
XO AND OTHERS	260	513	7,621.96	14.86	.016	29.32	.24
@ORGANIZED OUTPATIENT CLINIC	4,541	7,399	\$ 301,196.59	\$ 40.71	.230	\$ 66.33	\$ 9.38
CLINIC	1	1	153.90	153.90	.000	153.90	.00
SURGICENTER	195	322	48,591.65	150.91	.010	249.19	1.51
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,376	7,076	252,451.04	35.68	.220	57.69	7.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

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		----- MONTHLY AVERAGE -----						
32,113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	7,034	244,527	\$ 1,318,046.36	\$ 5.39	7.615	\$ 187.38	\$ 41.04	
DURABLE MED. EQUIP.	306	1,098	146,535.07	133.46	.034	478.87	4.56	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	350	656	103,705.43	158.09	.020	296.30	3.23	
MEDICAL TRANSPORTATION	1,444	46,007	187,309.85	4.07	1.433	129.72	5.83	
AMBULANCES/AIR TRANS	47	60	1,618.67	26.98	.002	34.44	.05	
OTHER TRANS	1,375	45,179	182,122.57	4.03	1.407	132.45	5.67	
OTHER SERVICES	179	768	3,568.61	4.65	.024	19.94	.11	
ACUPUNCTURE	9	28	475.78	16.99	.001	52.86	.01	
ADULT DAY HEALTH CARE CTR	336	4,041	281,273.70	69.60	.126	837.12	8.76	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,094	7,810	364,471.45	46.67	.243	333.15	11.35	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	754	1,815	21,565.25	11.88	.057	28.60	.67	
PHYSICAL THERAPIST	4	5	54.43	10.89	.000	13.61	.00	
PORTABLE X-RAY	32	77	85.48	1.11	.002	2.67	.00	
PROSTHETIST/ORTHOTISTS	44	101	2,478.65	24.54	.003	56.33	.08	
PROSTHETICS	44	101	2,478.65	24.54	.003	56.33	.08	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.00	
SPEECH AND AUDIOLOGY	144	295	23,242.74	78.79	.009	161.41	.72	
HOSPICE SERVICES	8	261	32,115.51	123.05	.008	4014.44	1.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,614	182,332	154,694.53	.85	5.678	42.80	4.82
@CALIF. CHILDREN SERVICES*	1	3	\$ 141.69	\$ 47.23	.000	\$ 141.69	\$.00
@XOVER EXCLUDING STATE HOSP**	10,062	87,906	\$ 1,743,500.57	\$ 19.83	2.737	\$ 173.28	\$ 54.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,301
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

	1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,573	64,238	\$ 1,684,824.49	\$ 26.23	35.084	\$ 1071.09	\$ 920.17	
@PHYSICIANS SERVICES	414	1,962	\$ 58,532.21	\$ 29.83	1.072	\$ 141.38	\$ 31.97	
OUTPATIENT VISITS	160	233	11,789.10	50.60	.127	73.68	6.44	
OFFICE VISITS	91	105	3,418.08	32.55	.057	37.56	1.87	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	75	121	8,205.61	67.81	.066	109.41	4.48	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	6	7	165.41	23.63	.004	27.57	.09	
INPATIENT VISITS	36	141	6,093.08	43.21	.077	169.25	3.33	
HOSPITAL VISITS	35	135	5,488.88	40.66	.074	156.83	3.00	
CRITICAL CARE	3	6	604.20	100.70	.003	201.40	.33	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	14	16	561.77	35.11	.009	40.13	.31	
EXAMINATIONS	14	16	561.77	35.11	.009	40.13	.31	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	16	196	7,188.84	36.68	.107	449.30	3.93	
PRINCIPAL SURGEON	10	19	5,163.03	271.74	.010	516.30	2.82	
ASSISTANT SURGEON	3	3	496.84	165.61	.002	165.61	.27	
ANESTHESIOLOGIST	5	174	1,528.97	8.79	.095	305.79	.84	
OUTPATIENT SURGERY	31	222	8,224.66	37.05	.121	265.31	4.49	
PRINCIPAL SURGEON	28	30	7,108.35	236.95	.016	253.87	3.88	
ASSISTANT SURGEON	1	1	408.79	408.79	.001	408.79	.22	
ANESTHESIOLOGIST	5	191	707.52	3.70	.104	141.50	.39	
DIALYSIS	1	2	128.76	64.38	.001	128.76	.07	
PATHOLOGY	14	26	240.52	9.25	.014	17.18	.13	
RADIOLOGY	104	191	10,244.63	53.64	.104	98.51	5.60	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	3	6	21.05	3.51	.003	7.02	.01	
OTHER SERVICES/ALL X-OVERS	223	929	14,039.80	15.11	.507	62.96	7.67	
@PHARMACY	1,250	26,277	\$ 505,700.39	\$ 19.24	14.351	\$ 404.56	\$ 276.19	
PRESCRIPTION DRUGS	1,215	5,918	479,916.65	81.09	3.232	394.99	262.11	
SNF/ICF	98	754	57,402.55	76.13	.412	585.74	31.35	
OUTPATIENTS	1,127	5,164	422,514.10	81.82	2.820	374.90	230.76	
MEDICAL SUPPLIES	183	20,359	25,783.74	1.27	11.119	140.89	14.08	
@DENTIST	64	260	\$ 11,587.00	\$ 44.57	.142	\$ 181.05	\$ 6.33	
VISITS - DIAGNOSTIC	44	176	1,890.00	10.74	.096	42.95	1.03	
ORAL SURGERY	7	14	1,193.00	85.21	.008	170.43	.65	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	

PERIODONTICS	8	8	733.00	91.63	.004	91.63	.40
ENDODONTICS	2	2	660.00	330.00	.001	330.00	.36
RESTORATIVE DENTISTRY	19	36	4,656.00	129.33	.020	245.05	2.54
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	9	21	2,425.00	115.48	.011	269.44	1.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,302
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND						

1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	59	121	\$ 10,283.18	\$ 84.98	.066	\$ 174.29	\$ 5.62
DIAGNOSTIC AND ANC. PROCED	14	16	769.57	48.10	.009	54.97	.42
EYE APPLIANCES	48	100	9,259.92	92.60	.055	192.92	5.06
OTHER OPTOMETRIC SERVICES	4	5	253.69	50.74	.003	63.42	.14
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.002	\$ 25.08	\$.03
VISITS	2	3	50.16	16.72	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	17	\$ 306.07	\$ 18.00	.009	\$ 23.54	\$.17
MEDICINE/INJECTIONS	12	15	303.65	20.24	.008	25.30	.17
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	2.42	1.21	.001	2.42	.00
@HOME HEALTH AGENCY	40	5,962	\$ 182,478.05	\$ 30.61	3.256	\$ 4561.95	\$ 99.66
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 118.70	\$ 39.57	.002	\$ 39.57	\$.06
@TOTAL HOSPITAL	168	1,228	\$ 267,893.85	\$ 218.15	.671	\$ 1594.61	\$ 146.31
HOSP INPATIENT TOTAL	40	117	244,945.07	2093.55	.064	6123.63	133.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	27	117	233,179.87	1992.99	.064	8636.29	127.35
ACCOMMODATIONS	27	117	50,152.00	428.65	.064	1857.48	27.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	117	50,152.00	428.65	.064	1857.48	27.39
ANCILLARIES	27	0	183,027.87	.00	.000	6778.81	99.96
INPATIENT CROSSOVERS	13	0	11,765.20	.00	.000	905.02	6.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	138	1,111	22,948.78	20.66	.607	166.30	12.53
MEDICAL	35	45	1,004.64	22.33	.025	28.70	.55
SURGERY	18	19	802.98	42.26	.010	44.61	.44
PATHOLOGY	40	231	2,877.97	12.46	.126	71.95	1.57
RADIOLOGY	33	39	2,298.41	58.93	.021	69.65	1.26
ROOM USE	78	137	5,605.02	40.91	.075	71.86	3.06
CROSSOVERS/ALL OTH OUTPTNT	95	640	10,359.76	16.19	.350	109.05	5.66
@COUNTY HOSPITAL TOTAL	2	2	\$ 101.67	\$ 50.84	.001	\$ 50.84	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	101.67	50.84	.001	50.84	.06
MEDICAL	1	1	66.32	66.32	.001	66.32	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.001	35.35	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	166	1,226	\$ 267,792.18	\$ 218.43	.670	\$ 1613.21	\$ 146.25
COMM HOSP INPATIENT TOTAL	40	117	244,945.07	2093.55	.064	6123.63	133.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	27	117	233,179.87	1992.99	.064	8636.29	127.35
ACCOMMODATIONS	27	117	50,152.00	428.65	.064	1857.48	27.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	117	50,152.00	428.65	.064	1857.48	27.39
ANCILLARIES	27	0	183,027.87	.00	.000	6778.81	99.96
INPATIENT CROSSOVERS	13	0	11,765.20	.00	.000	905.02	6.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	136	1,109	22,847.11	20.60	.606	167.99	12.48
MEDICAL	34	44	938.32	21.33	.024	27.60	.51
SURGERY	18	19	802.98	42.26	.010	44.61	.44
PATHOLOGY	40	231	2,877.97	12.46	.126	71.95	1.57
RADIOLOGY	33	39	2,298.41	58.93	.021	69.65	1.26
ROOM USE	77	136	5,569.67	40.95	.074	72.33	3.04
CROSSOVERS/ALL OTH OUTPTNT	95	640	10,359.76	16.19	.350	109.05	5.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	50	1,136	\$ 148,876.42	\$ 131.05	.620	\$ 2977.53	\$ 81.31
LEV A-INTERMEDIATE	8	183	16,385.82	89.54	.100	2048.23	8.95
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	42	953	132,490.60	139.02	.520	3154.54	72.36
@INTERMEDIATE CARE FACIL.-DD	54	1,680	\$ 318,624.98	\$ 189.66	.918	\$ 5900.46	\$ 174.02
ICF DDH	28	821	141,389.93	172.22	.448	5049.64	77.22
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	26	859	177,235.05	206.33	.469	6816.73	96.80
@HEMODIALYSIS TOTAL	6	7	\$ 3,493.28	\$ 499.04	.004	\$ 582.21	\$ 1.91
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	3,493.28	499.04	.004	582.21	1.91
@REHABILITATION FACILITY	18	303	\$ 2,720.42	\$ 8.98	.165	\$ 151.13	\$ 1.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	18	303		2,720.42		8.98	.165	151.13	1.49
@LABORATORY FACILITY	117	467	\$	5,861.15	\$	12.55	.255	\$ 50.10	\$ 3.20
PATHOLOGY	110	454		5,802.13		12.78	.248	52.75	3.17
XO AND OTHERS	7	13		59.02		4.54	.007	8.43	.03
@ORGANIZED OUTPATIENT CLINIC	432	708	\$	62,027.13	\$	87.61	.387	\$ 143.58	\$ 33.88
CLINIC	4	7		270.56		38.65	.004	67.64	.15
SURGICENTER	8	31		2,273.23		73.33	.017	284.15	1.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	424	670		59,483.34		88.78	.366	140.29	32.49

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

					----- MONTHLY AVERAGE -----			
1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	436	24,104	\$ 106,271.50	\$ 4.41	13.164	\$ 243.74	\$ 58.04	
DURABLE MED. EQUIP.	48	136	32,284.69	237.39	.074	672.60	17.63	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	20	35	4,595.56	131.30	.019	229.78	2.51	
MEDICAL TRANSPORTATION	66	1,234	17,835.12	14.45	.674	270.23	9.74	
AMBULANCES/AIR TRANS	33	496	7,480.38	15.08	.271	226.68	4.09	
OTHER TRANS	34	731	4,281.66	5.86	.399	125.93	2.34	
OTHER SERVICES	7	7	6,073.08	867.58	.004	867.58	3.32	
ACUPUNCTURE	3	4	64.88	16.22	.002	21.63	.04	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	53	663	20,488.93	30.90	.362	386.58	11.19	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	34	86	7,528.29	87.54	.047	221.42	4.11	
PHYSICAL THERAPIST	2	45	537.98	11.96	.025	268.99	.29	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	7	12	3,000.13	250.01	.007	428.59	1.64	

PROSTHETICS	7	12	3,000.13	250.01	.007	428.59	1.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	8	474.92	59.37	.004	237.46	.26
SPEECH AND AUDIOLOGY	4	11	398.20	36.20	.006	99.55	.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	885	4,736.85	5.35	.483	473.69	2.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	235	20,985	14,325.95	.68	11.461	60.96	7.82
@CALIF. CHILDREN SERVICES*	45	629	\$ 25,712.69	\$ 40.88	.344	\$ 571.39	\$ 14.04
@XOVER EXCLUDING STATE HOSP**	326	1,781	\$ 59,716.19	\$ 33.53	.973	\$ 183.18	\$ 32.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

115,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	103,995	2,172,238	\$ 88,466,758.11	\$ 40.73	18.843	\$ 850.68	\$ 767.40
@PHYSICIANS SERVICES	27,708	123,976	\$ 4,602,998.48	\$ 37.13	1.075	\$ 166.13	\$ 39.93
OUTPATIENT VISITS	11,007	15,342	720,297.32	46.95	.133	65.44	6.25
OFFICE VISITS	6,195	8,109	263,046.00	32.44	.070	42.46	2.28
HOME VISITS	4	12	438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	5,140	6,761	441,771.71	65.34	.059	85.95	3.83
PREVENTIVE CARE	1	1	56.92	56.92	.000	56.92	.00
OB VISITS/COMPRE PERI	34	118	4,301.80	36.46	.001	126.52	.04
OTHER OUTPATIENT	311	341	10,682.49	31.33	.003	34.35	.09
INPATIENT VISITS	2,042	9,138	462,791.00	50.64	.079	226.64	4.01
HOSPITAL VISITS	1,689	7,686	330,138.49	42.95	.067	195.46	2.86
CRITICAL CARE	271	1,007	123,688.28	122.83	.009	456.41	1.07
SNF/ICF/TRANS IP CARE	311	445	8,964.23	20.14	.004	28.82	.08
OPHTHALMOLOGICAL SERVICES	477	545	23,295.51	42.74	.005	48.84	.20
EXAMINATIONS	475	543	23,240.22	42.80	.005	48.93	.20
SERVICES AND MATERIALS	2	2	55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	944	16,485	477,129.23	28.94	.143	505.43	4.14
PRINCIPAL SURGEON	681	1,084	370,817.94	342.08	.009	544.52	3.22
ASSISTANT SURGEON	133	134	24,937.88	186.10	.001	187.50	.22
ANESTHESIOLOGIST	311	15,267	81,373.41	5.33	.132	261.65	.71
OUTPATIENT SURGERY	2,284	20,488	531,750.87	25.95	.178	232.82	4.61
PRINCIPAL SURGEON	2,027	2,770	470,507.25	169.86	.024	232.12	4.08
ASSISTANT SURGEON	43	43	5,532.31	128.66	.000	128.66	.05
ANESTHESIOLOGIST	368	17,675	55,711.31	3.15	.153	151.39	.48
DIALYSIS	124	375	31,806.83	84.82	.003	256.51	.28
PATHOLOGY	1,026	2,034	18,949.63	9.32	.018	18.47	.16
RADIOLOGY	8,112	16,842	1,147,036.44	68.11	.146	141.40	9.95
PSYCHIATRY	5	5	290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	848	4,495	442,057.05	98.34	.039	521.29	3.83
OTHER SERVICES/ALL X-OVERS	12,795	38,227	747,593.79	19.56	.332	58.43	6.48
@PHARMACY	83,267	947,305	\$ 43,449,126.22	\$ 45.87	8.217	\$ 521.80	\$ 376.90
PRESCRIPTION DRUGS	82,309	423,609	42,388,206.83	100.06	3.675	514.99	367.69
SNF/ICF	2,816	21,188	1,841,481.51	86.91	.184	653.94	15.97
OUTPATIENTS	79,712	402,421	40,546,725.32	100.76	3.491	508.67	351.72

MEDICAL SUPPLIES	7,748	523,696		1,060,919.39	2.03	4.543	136.93	9.20
@DENTIST	5,298	24,843	\$	986,619.53	\$ 39.71	.215	\$ 186.22	\$ 8.56
VISITS - DIAGNOSTIC	3,477	15,419		180,107.60	11.68	.134	51.80	1.56
ORAL SURGERY	901	2,648		144,408.45	54.53	.023	160.28	1.25
DRUGS	72	150		2,115.00	14.10	.001	29.38	.02
ANESTHESIA	139	141		12,700.00	90.07	.001	91.37	.11
PERIODONTICS	310	329		33,160.00	100.79	.003	106.97	.29
ENDODONTICS	332	525		116,392.75	221.70	.005	350.58	1.01
RESTORATIVE DENTISTRY	1,347	3,374		243,399.00	72.14	.029	180.70	2.11
PROSTHETICS	43	44		1,708.50	38.83	.000	39.73	.01
DENTURES, STAYPLATES	711	1,900		241,313.21	127.01	.016	339.40	2.09
SPACE MAINTAINERS	2	2		222.00	111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	7	12		3,010.18	250.85	.000	430.03	.03
FRACTURES, DISLOCATIONS	4	5		3,187.84	637.57	.000	796.96	.03
ORTHODONTIC SERVICES	38	53		4,745.00	89.53	.000	124.87	.04
ALL OTHER SERVICES	132	241		150.00	.62	.002	1.14	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,306
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

----- MONTHLY AVERAGE -----								
115,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3,200	9,218	\$ 198,436.95	\$ 21.53	.080	\$ 62.01	\$ 1.72	
DIAGNOSTIC AND ANC. PROCED	1,476	1,550	64,873.28	41.85	.013	43.95	.56	
EYE APPLIANCES	2,440	7,075	121,871.23	17.23	.061	49.95	1.06	
OTHER OPTOMETRIC SERVICES	360	593	11,692.44	19.72	.005	32.48	.10	
@CHIROPRACITOR	1,430	2,255	\$ 36,989.63	\$ 16.40	.020	\$ 25.87	\$.32	
VISITS	1,305	2,077	34,606.42	16.66	.018	26.52	.30	
OTHER SERVICES	126	178	2,383.21	13.39	.002	18.91	.02	
@PODIATRIST	163	209	\$ 4,571.72	\$ 21.87	.002	\$ 28.05	\$.04	
MEDICINE/INJECTIONS	90	102	2,680.99	26.28	.001	29.79	.02	
SURGERY/ANES.	2	3	743.59	247.86	.000	371.80	.01	
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00	
OTHER	72	103	1,129.84	10.97	.001	15.69	.01	
@HOME HEALTH AGENCY	757	33,285	\$ 1,086,321.88	\$ 32.64	.289	\$ 1435.04	\$ 9.42	
NURSE ANESTHESIST	24	477	2,432.12	5.10	.004	101.34	.02	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$ 24.00CR	\$ 12.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	197	281	\$ 6,792.61	\$ 24.17	.002	\$ 34.48	\$.06	
@TOTAL HOSPITAL	13,092	82,936	\$ 16,705,986.97	\$ 201.43	.719	\$ 1276.05	\$ 144.92	
HOSP INPATIENT TOTAL	1,995	7,977	14,437,106.61	1809.84	.069	7236.64	125.23	
HSC HOSPITALS	159	1,085	1,604,830.86	1479.11	.009	10093.28	13.92	
NON-HSC HOSPITAL TOTAL	1,245	6,892	12,279,955.29	1781.77	.060	9863.42	106.52	
ACCOMMODATIONS	1,236	6,892	3,023,580.06	438.71	.060	2446.26	26.23	
ADMINISTRATIVE DAYS	10	74	15,726.41	212.52	.001	1572.64	.14	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,227	6,818	3,007,853.65	441.16	.059	2451.39	26.09	
ANCILLARIES	1,245	0	9,256,375.23	.00	.000	7434.84	80.29	
INPATIENT CROSSOVERS	606	0	552,320.46	.00	.000	911.42	4.79	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	11,657	74,959	2,268,880.36	30.27	.650	194.64	19.68	
MEDICAL	3,947	6,970	290,101.28	41.62	.060	73.50	2.52	
SURGERY	1,256	1,456	54,819.90	37.65	.013	43.65	.48	
PATHOLOGY	3,895	20,998	235,186.30	11.20	.182	60.38	2.04	
RADIOLOGY	3,056	5,043	374,221.49	74.21	.044	122.45	3.25	
ROOM USE	6,599	9,602	364,539.26	37.96	.083	55.24	3.16	

CROSSOVERS/ALL OTH OUTPTNT	6,936	30,890		950,012.13	30.75	.268	136.97	8.24
@COUNTY HOSPITAL TOTAL	104	552	\$	123,160.75	\$ 223.12	.005	\$ 1184.24	\$ 1.07
CO HOSPITAL INPATIENT TOTAL	11	186		111,137.43	597.51	.002	10103.40	.96
HSC HOSPITALS	4	17		22,792.00	1340.71	.000	5698.00	.20
NON-HSC HOSPITALS TOTAL	6	169		88,333.37	522.68	.001	14722.23	.77
ACCOMMODATIONS	6	169		40,729.50	241.00	.001	6788.25	.35
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	169		40,729.50	241.00	.001	6788.25	.35
ANCILLARIES	6	0		47,603.87	.00	.000	7933.98	.41
INPATIENT CROSSOVERS	1	0		12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	95	366		12,023.32	32.85	.003	126.56	.10
MEDICAL	50	80		4,188.73	52.36	.001	83.77	.04
SURGERY	4	6		481.79	80.30	.000	120.45	.00
PATHOLOGY	34	142		1,684.90	11.87	.001	49.56	.01
RADIOLOGY	19	31		2,205.32	71.14	.000	116.07	.02
ROOM USE	45	60		2,322.50	38.71	.001	51.61	.02
CROSSOVERS/ALL OTH OUTPTNT	23	47		1,140.08	24.26	.000	49.57	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	115,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,000	82,384	\$	16,582,826.22	\$ 201.29	.715	\$ 1275.60	\$ 143.85
COMM HOSP INPATIENT TOTAL	1,984	7,791		14,325,969.18	1838.78	.068	7220.75	124.27
HSC HOSPITALS	155	1,068		1,582,038.86	1481.31	.009	10206.70	13.72
NON-HSC HOSPITALS TOTAL	1,239	6,723		12,191,621.92	1813.42	.058	9839.89	105.76
ACCOMMODATIONS	1,230	6,723		2,982,850.56	443.68	.058	2425.08	25.87
ADMINISTRATIVE DAYS	10	74		15,726.41	212.52	.001	1572.64	.14
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,221	6,649		2,967,124.15	446.25	.058	2430.08	25.74
ANCILLARIES	1,239	0		9,208,771.36	.00	.000	7432.42	79.88
INPATIENT CROSSOVERS	605	0		552,308.40	.00	.000	912.91	4.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,571	74,593		2,256,857.04	30.26	.647	195.04	19.58
MEDICAL	3,900	6,890		285,912.55	41.50	.060	73.31	2.48
SURGERY	1,252	1,450		54,338.11	37.47	.013	43.40	.47
PATHOLOGY	3,862	20,856		233,501.40	11.20	.181	60.46	2.03
RADIOLOGY	3,038	5,012		372,016.17	74.23	.043	122.45	3.23
ROOM USE	6,559	9,542		362,216.76	37.96	.083	55.22	3.14
CROSSOVERS/ALL OTH OUTPTNT	6,913	30,843		948,872.05	30.76	.268	137.26	8.23
@STATE HOSPITAL	9	350	\$	181,313.99	\$ 518.04	.003	\$ 20146.00	\$ 1.57
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350		181,313.99	518.04	.003	20146.00	1.57
@NURSING FACILITY	939	24,100	\$	3,430,243.41	\$ 142.33	.209	\$ 3653.08	\$ 29.76
LEV A-INTERMEDIATE	26	668		60,122.68	90.00	.006	2312.41	.52
LEV B-REHAB MD	33	993		124,105.79	124.98	.009	3760.78	1.08
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	32	807		442,677.00	548.55	.007	13833.66	3.84
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	858	21,632		2,803,337.94	129.59	.188	3267.29	24.32
@INTERMEDIATE CARE FACIL.-DD	1,529	45,966	\$	7,968,550.49	\$ 173.36	.399	\$ 5211.61	\$ 69.12
ICF DDH	978	29,173		4,644,770.81	159.21	.253	4749.25	40.29
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	553	16,793		3,323,779.68		197.93	.146	6010.45	28.83
@HEMODIALYSIS TOTAL	402	10,315	\$	562,952.00	\$	54.58	.089	\$ 1400.38	\$ 4.88
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	402	10,315		562,952.00		54.58	.089	1400.38	4.88
@REHABILITATION FACILITY	264	3,787	\$	45,295.09	\$	11.96	.033	\$ 171.57	\$.39
HOSPITAL BASED	16	96		2,045.11		21.30	.001	127.82	.02
INDEPENDENT FACILITY	248	3,691		43,249.98		11.72	.032	174.40	.38
@LABORATORY FACILITY	9,242	41,883	\$	482,395.54	\$	11.52	.363	\$ 52.20	\$ 4.18
PATHOLOGY	8,831	41,089		461,362.93		11.23	.356	52.24	4.00
XO AND OTHERS	411	794		21,032.61		26.49	.007	51.17	.18
@ORGANIZED OUTPATIENT CLINIC	33,762	55,881	\$	4,485,243.34	\$	80.26	.485	\$ 132.85	\$ 38.91
CLINIC	576	1,778		39,476.16		22.20	.015	68.54	.34
SURGICENTER	529	1,676		101,430.81		60.52	.015	191.74	.88
HEROIN DETOX CLINIC	8	90		1,097.41		12.19	.001	137.18	.01
RURAL HEALTH CLINIC	33,017	52,337		4,343,238.96		82.99	.454	131.55	37.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,308
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						----- MONTHLY AVERAGE -----		
115,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	17,617	765,173	\$ 4,230,512.14	\$ 5.53	6.637	\$ 240.14	\$ 36.70	
DURABLE MED. EQUIP.	2,489	10,000	1,045,692.36	104.57	.087	420.13	9.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	371	735	70,254.63	95.58	.006	189.37	.61	
MEDICAL TRANSPORTATION	2,934	99,443	687,918.60	6.92	.863	234.46	5.97	
AMBULANCES/AIR TRANS	1,914	20,818	341,109.03	16.39	.181	178.22	2.96	
OTHER TRANS	990	77,983	237,760.10	3.05	.676	240.16	2.06	
OTHER SERVICES	231	642	109,049.47	169.86	.006	472.08	.95	
ACUPUNCTURE	50	107	1,893.15	17.69	.001	37.86	.02	
ADULT DAY HEALTH CARE CTR	443	5,325	370,589.17	69.59	.046	836.54	3.21	
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,007	25,542	859,142.17	33.64	.222	853.17	7.45	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,742	6,766	71,135.88	10.51	.059	25.94	.62	
PHYSICAL THERAPIST	460	4,594	63,893.05	13.91	.040	138.90	.55	
PORTABLE X-RAY	41	90	2,522.68	28.03	.001	61.53	.02	
PROSTHETIST/ORTHOTISTS	522	1,063	124,436.42	117.06	.009	238.38	1.08	
PROSTHETICS	521	1,062	124,379.41	117.12	.009	238.73	1.08	
ORTHOTICS	1	1	57.01	57.01	.000	57.01	.00	
PSYCHOLOGIST	28	77	5,011.26	65.08	.001	178.97	.04	
SPEECH AND AUDIOLOGY	345	1,317	61,408.55	46.63	.011	178.00	.53	
HOSPICE SERVICES	59	1,620	213,260.52	131.64	.014	3614.59	1.85	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,121	33,360	201,662.95	6.05	.289	179.90	1.75	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	7,114	575,113	449,485.75	.78	4.989	63.18	3.90	
@CALIF. CHILDREN SERVICES*	993	28,927	\$ 1,768,194.64	\$ 61.13	.251	\$ 1780.66	\$ 15.34	
@XOVER EXCLUDING STATE HOSP**	15,115	131,383	\$ 2,061,490.70	\$ 15.69	1.140	\$ 136.39	\$ 17.88	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,309
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

240,148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	131,166	701,934	\$ 41,169,731.16	\$ 58.65	2.923	\$ 313.88	\$ 171.43
@PHYSICIANS SERVICES	33,227	110,877	\$ 4,471,876.30	\$ 40.33	.462	\$ 134.59	\$ 18.62
OUTPATIENT VISITS	21,292	30,517	1,246,585.19	40.85	.127	58.55	5.19
OFFICE VISITS	9,527	11,306	391,530.86	34.63	.047	41.10	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11,638	13,399	713,113.38	53.22	.056	61.27	2.97
PREVENTIVE CARE	63	62	2,637.05	42.53	.000	41.86	.01
OB VISITS/COMPRE PERI	791	5,533	132,110.61	23.88	.023	167.02	.55
OTHER OUTPATIENT	205	217	7,193.29	33.15	.001	35.09	.03
INPATIENT VISITS	1,752	6,528	468,820.47	71.82	.027	267.59	1.95
HOSPITAL VISITS	1,638	4,927	237,716.17	48.25	.021	145.13	.99
CRITICAL CARE	282	1,564	229,361.06	146.65	.007	813.34	.96
SNF/ICF/TRANS IP CARE	6	37	1,743.24	47.11	.000	290.54	.01
OPHTHALMOLOGICAL SERVICES	409	437	19,327.36	44.23	.002	47.26	.08
EXAMINATIONS	408	436	19,307.36	44.28	.002	47.32	.08
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,554	14,383	751,282.11	52.23	.060	483.45	3.13
PRINCIPAL SURGEON	1,119	1,547	626,981.36	405.29	.006	560.31	2.61
ASSISTANT SURGEON	132	135	21,576.99	159.83	.001	163.46	.09
ANESTHESIOLOGIST	509	12,701	102,723.76	8.09	.053	201.81	.43
OUTPATIENT SURGERY	3,350	30,127	624,170.44	20.72	.125	186.32	2.60
PRINCIPAL SURGEON	2,882	3,551	527,769.08	148.63	.015	183.13	2.20
ASSISTANT SURGEON	52	52	5,228.68	100.55	.000	100.55	.02
ANESTHESIOLOGIST	665	26,524	91,172.68	3.44	.110	137.10	.38
DIALYSIS	26	103	8,147.32	79.10	.000	313.36	.03
PATHOLOGY	1,049	2,013	20,119.59	9.99	.008	19.18	.08
RADIOLOGY	10,902	17,759	958,935.05	54.00	.074	87.96	3.99
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00

IMMUNIZATION AND INJECTION	413	969		89,525.96		92.39	.004	216.77	.37
OTHER SERVICES/ALL X-OVERS	3,496	8,039		284,816.23		35.43	.033	81.47	1.19
@PHARMACY	66,552	205,217	\$	10,283,045.75	\$	50.11	.855	\$ 154.51	\$ 42.82
PRESCRIPTION DRUGS	66,055	167,430		10,111,032.10		60.39	.697	153.07	42.10
SNF/ICF	26	114		13,576.05		119.09	.000	522.16	.06
OUTPATIENTS	66,035	167,316		10,097,456.05		60.35	.697	152.91	42.05
MEDICAL SUPPLIES	2,017	37,787		172,013.65		4.55	.157	85.28	.72
@DENTIST	10,778	59,636	\$	1,888,362.57	\$	31.66	.248	\$ 175.21	\$ 7.86
VISITS - DIAGNOSTIC	8,035	40,902		546,230.13		13.35	.170	67.98	2.27
ORAL SURGERY	1,773	4,187		278,047.44		66.41	.017	156.82	1.16
DRUGS	174	325		4,761.75		14.65	.001	27.37	.02
ANESTHESIA	265	267		25,700.00		96.25	.001	96.98	.11
PERIODONTICS	275	278		29,102.00		104.68	.001	105.83	.12
ENDODONTICS	985	1,602		264,825.05		165.31	.007	268.86	1.10
RESTORATIVE DENTISTRY	3,598	10,319		592,340.15		57.40	.043	164.63	2.47
PROSTHETICS	25	25		750.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	239	767		83,836.21		109.30	.003	350.78	.35
SPACE MAINTAINERS	104	132		15,150.00		114.77	.001	145.67	.06
MAXILLOFACIAL SERVICES	22	25		5,474.84		218.99	.000	248.86	.02
FRACTURES, DISLOCATIONS	4	4		4,700.00		1175.00	.000	1175.00	.02
ORTHODONTIC SERVICES	388	491		35,945.00		73.21	.002	92.64	.15
ALL OTHER SERVICES	181	312		1,500.00		4.81	.001	8.29	.01
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
#CALIF DEPT OF HEALTH SERV									PAGE 14,310
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

----- MONTHLY AVERAGE -----									
240,148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	3,748	10,904	\$ 245,124.81	\$ 22.48	.045	\$ 65.40	\$ 1.02		
DIAGNOSTIC AND ANC. PROCED	2,721	2,883	121,754.25	42.23	.012	44.75	.51		
EYE APPLIANCES	2,617	7,804	116,529.88	14.93	.032	44.53	.49		
OTHER OPTOMETRIC SERVICES	200	217	6,840.68	31.52	.001	34.20	.03		
@CHIROPRACTOR	2,429	3,791	\$ 63,065.26	\$ 16.64	.016	\$ 25.96	\$.26		
VISITS	2,428	3,789	63,031.82	16.64	.016	25.96	.26		
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00		
@PODIATRIST	17	36	\$ 810.31	\$ 22.51	.000	\$ 47.67	\$.00		
MEDICINE/INJECTIONS	16	19	645.52	33.97	.000	40.35	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	1	1	24.22	24.22	.000	24.22	.00		
OTHER	1	16	140.57	8.79	.000	140.57	.00		
@HOME HEALTH AGENCY	741	3,578	\$ 170,797.82	\$ 47.74	.015	\$ 230.50	\$.71		
NURSE ANESTHESIST	23	255	\$ 2,843.20	\$ 11.15	.001	\$ 123.62	\$.01		
NURSE MIDWIFE	5	7	\$ 1,949.71	\$ 278.53	.000	\$ 389.94	\$.01		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	294	406	\$ 9,685.73	\$ 23.86	.002	\$ 32.94	\$.04		
@TOTAL HOSPITAL	23,330	114,600	\$ 14,968,489.56	\$ 130.62	.477	\$ 641.60	\$ 62.33		
HOSP INPATIENT TOTAL	1,899	8,693	12,075,648.25	1389.12	.036	6358.95	50.28		
HSC HOSPITALS	141	1,106	1,577,884.04	1426.66	.005	11190.67	6.57		
NON-HSC HOSPITAL TOTAL	1,749	7,587	10,454,989.74	1378.01	.032	5977.70	43.54		
ACCOMMODATIONS	1,747	7,587	3,630,268.17	478.49	.032	2078.00	15.12		
ADMINISTRATIVE DAYS	4	72	16,422.30	228.09	.000	4105.58	.07		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1,745	7,515	3,613,845.87	480.88	.031	2070.97	15.05		
ANCILLARIES	1,747	0	6,824,721.57	.00	.000	3906.54	28.42		
INPATIENT CROSSOVERS	16	0	42,774.47	.00	.000	2673.40	.18		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	22,227	105,907	2,892,841.31	27.31	.441	130.15	12.05
MEDICAL	6,934	9,701	316,724.28	32.65	.040	45.68	1.32
SURGERY	2,573	3,069	114,725.82	37.38	.013	44.59	.48
PATHOLOGY	7,588	27,578	339,630.98	12.32	.115	44.76	1.41
RADIOLOGY	5,637	7,607	450,685.56	59.25	.032	79.95	1.88
ROOM USE	18,523	25,512	924,090.90	36.22	.106	49.89	3.85
CROSSOVERS/ALL OTH OUTPTNT	9,659	32,440	746,983.77	23.03	.135	77.34	3.11
@COUNTY HOSPITAL TOTAL	88	348	28,038.62	80.57	.001	318.62	.12
CO HOSPITAL INPATIENT TOTAL	4	15	19,014.02	1267.60	.000	4753.51	.08
HSC HOSPITALS	4	15	19,014.02	1267.60	.000	4753.51	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	85	333	9,024.60	27.10	.001	106.17	.04
MEDICAL	43	53	2,710.70	51.15	.000	63.04	.01
SURGERY	7	8	312.06	39.01	.000	44.58	.00
PATHOLOGY	25	116	1,378.36	11.88	.000	55.13	.01
RADIOLOGY	14	21	777.93	37.04	.000	55.57	.00
ROOM USE	57	82	3,252.69	39.67	.000	57.06	.01
CROSSOVERS/ALL OTH OUTPTNT	22	53	592.86	11.19	.000	26.95	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,311
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
240,148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	23,249	114,252	\$ 14,940,450.94	\$ 130.77	.476	\$ 642.63	\$ 62.21	
COMM HOSP INPATIENT TOTAL	1,896	8,678	12,056,634.23	1389.33	.036	6358.98	50.21	
HSC HOSPITALS	137	1,091	1,558,870.02	1428.85	.005	11378.61	6.49	
NON-HSC HOSPITALS TOTAL	1,749	7,587	10,454,989.74	1378.01	.032	5977.70	43.54	
ACCOMMODATIONS	1,747	7,587	3,630,268.17	478.49	.032	2078.00	15.12	
ADMINISTRATIVE DAYS	4	72	16,422.30	228.09	.000	4105.58	.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,745	7,515	3,613,845.87	480.88	.031	2070.97	15.05	
ANCILLARIES	1,747	0	6,824,721.57	.00	.000	3906.54	28.42	
INPATIENT CROSSOVERS	16	0	42,774.47	.00	.000	2673.40	.18	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	22,148	105,574	2,883,816.71	27.32	.440	130.21	12.01	
MEDICAL	6,893	9,648	314,013.58	32.55	.040	45.56	1.31	
SURGERY	2,566	3,061	114,413.76	37.38	.013	44.59	.48	
PATHOLOGY	7,563	27,462	338,252.62	12.32	.114	44.72	1.41	
RADIOLOGY	5,623	7,586	449,907.63	59.31	.032	80.01	1.87	
ROOM USE	18,470	25,430	920,838.21	36.21	.106	49.86	3.83	
CROSSOVERS/ALL OTH OUTPTNT	9,637	32,387	746,390.91	23.05	.135	77.45	3.11	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	10	126	\$ 70,127.17	\$ 556.56	.001	\$ 7012.72	\$.29	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	5	82	49,725.09	606.40	.000	9945.02	.21	

LEV B-SUBACUTE HSPTL BASED	1	31		17,971.31	579.72	.000	17971.31	.07
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	13		2,430.77	186.98	.000	607.69	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	21	1,083	\$	52,878.24	48.83	.005	\$ 2518.01	\$.22
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	21	1,083		52,878.24	48.83	.005	2518.01	.22
@REHABILITATION FACILITY	75	695	\$	10,511.86	15.12	.003	\$ 140.16	\$.04
HOSPITAL BASED	26	158		3,635.29	23.01	.001	139.82	.02
INDEPENDENT FACILITY	49	537		6,876.57	12.81	.002	140.34	.03
@LABORATORY FACILITY	10,229	34,872	\$	495,263.79	14.20	.145	\$ 48.42	\$ 2.06
PATHOLOGY	10,214	34,841		491,703.23	14.11	.145	48.14	2.05
XO AND OTHERS	15	31		3,560.56	114.86	.000	237.37	.01
@ORGANIZED OUTPATIENT CLINIC	49,163	73,841	\$	7,466,666.23	101.12	.307	\$ 151.88	\$ 31.09
CLINIC	2,924	8,406		265,017.03	31.53	.035	90.64	1.10
SURGICENTER	362	1,426		67,369.43	47.24	.006	186.10	.28
HEROIN DETOX CLINIC	3	28		353.80	12.64	.000	117.93	.00
RURAL HEALTH CLINIC	46,384	63,981		7,133,925.97	111.50	.266	153.80	29.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,312
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

						----- MONTHLY AVERAGE -----			
240,148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	12,211	82,010	\$ 968,232.85	\$ 11.81	.341	\$ 79.29	\$ 4.03		
DURABLE MED. EQUIP.	575	1,303	79,759.53	61.21	.005	138.71	.33		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	150	289	17,195.59	59.50	.001	114.64	.07		
MEDICAL TRANSPORTATION	1,402	20,713	404,319.35	19.52	.086	288.39	1.68		
AMBULANCES/AIR TRANS	1,370	18,266	271,975.09	14.89	.076	198.52	1.13		
OTHER TRANS	27	2,330	9,941.90	4.27	.010	368.22	.04		
OTHER SERVICES	98	117	122,402.36	1046.17	.000	1249.00	.51		
ACUPUNCTURE	14	21	443.71	21.13	.000	31.69	.00		
ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.000	104.37	.00		
GENETIC DISEASE TESTING	330	331	34,683.00	104.78	.001	105.10	.14		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	4	23	287.10	12.48	.000	71.78	.00		
OPTICIAN	2,848	6,421	63,047.58	9.82	.027	22.14	.26		
PHYSICAL THERAPIST	476	5,043	71,689.02	14.22	.021	150.61	.30		
PORTABLE X-RAY	1	2	45.20	22.60	.000	45.20	.00		
PROSTHETIST/ORTHOTISTS	423	569	46,184.65	81.17	.002	109.18	.19		
PROSTHETICS	419	565	45,969.04	81.36	.002	109.71	.19		
ORTHOTICS	4	4	215.61	53.90	.000	53.90	.00		
PSYCHOLOGIST	6	26	1,766.55	67.94	.000	294.43	.01		
SPEECH AND AUDIOLOGY	194	654	35,956.05	54.98	.003	185.34	.15		
HOSPICE SERVICES	2	17	2,260.83	132.99	.000	1130.42	.01		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	5,603	19,690	192,459.77	9.77	.082	34.35	.80		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	473	26,905	17,926.18	.67	.112	37.90	.07		
@CALIF. CHILDREN SERVICES*	655	11,572	\$ 2,616,439.99	\$ 226.10	.048	\$ 3994.56	\$ 10.90		

@XOVER EXCLUDING STATE HOSP** 301 1,597 \$ 67,394.74 \$ 42.20 .007 \$ 223.90 \$.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,313

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	16,659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		8,847	80,214	\$ 3,420,115.48	\$ 42.64	4.815	\$ 386.58	\$ 205.30
@PHYSICIANS SERVICES		2,160	6,774	\$ 274,551.35	\$ 40.53	.407	\$ 127.11	\$ 16.48
OUTPATIENT VISITS		1,352	2,364	91,711.34	38.79	.142	67.83	5.51
OFFICE VISITS		533	614	21,359.72	34.79	.037	40.07	1.28
HOME VISITS		1	1	28.07	28.07	.000	28.07	.00
EMERGENCY ROOM		716	853	47,141.49	55.27	.051	65.84	2.83
PREVENTIVE CARE		2	2	81.24	40.62	.000	40.62	.00
OB VISITS/COMPRE PERI		121	864	21,987.21	25.45	.052	181.71	1.32
OTHER OUTPATIENT		29	30	1,113.61	37.12	.002	38.40	.07
INPATIENT VISITS		154	458	29,052.23	63.43	.027	188.65	1.74
HOSPITAL VISITS		136	364	17,841.65	49.02	.022	131.19	1.07
CRITICAL CARE		24	81	10,713.14	132.26	.005	446.38	.64
SNF/ICF/TRANS IP CARE		8	13	497.44	38.26	.001	62.18	.03
OPHTHALMOLOGICAL SERVICES		36	42	1,774.58	42.25	.003	49.29	.11
EXAMINATIONS		36	42	1,774.58	42.25	.003	49.29	.11
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		103	549	50,573.74	92.12	.033	491.01	3.04
PRINCIPAL SURGEON		79	103	43,568.69	423.00	.006	551.50	2.62
ASSISTANT SURGEON		4	4	747.26	186.82	.000	186.82	.04
ANESTHESIOLOGIST		30	442	6,257.79	14.16	.027	208.59	.38
OUTPATIENT SURGERY		163	1,440	25,113.65	17.44	.086	154.07	1.51
PRINCIPAL SURGEON		132	155	19,223.43	124.02	.009	145.63	1.15
ASSISTANT SURGEON		2	2	210.72	105.36	.000	105.36	.01
ANESTHESIOLOGIST		40	1,283	5,679.50	4.43	.077	141.99	.34
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		79	183	1,695.38	9.26	.011	21.46	.10
RADIOLOGY		690	1,123	55,877.70	49.76	.067	80.98	3.35
PSYCHIATRY		2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION		16	31	492.25	15.88	.002	30.77	.03
OTHER SERVICES/ALL X-OVERS		239	582	18,113.90	31.12	.035	75.79	1.09
@PHARMACY		3,865	17,843	\$ 628,143.70	\$ 35.20	1.071	\$ 162.52	\$ 37.71
PRESCRIPTION DRUGS		3,825	8,575	598,743.68	69.82	.515	156.53	35.94
SNF/ICF		49	264	15,056.44	57.03	.016	307.27	.90
OUTPATIENTS		3,777	8,311	583,687.24	70.23	.499	154.54	35.04
MEDICAL SUPPLIES		152	9,268	29,400.02	3.17	.556	193.42	1.76
@DENTIST		640	3,448	\$ 112,061.45	\$ 32.50	.207	\$ 175.10	\$ 6.73
VISITS - DIAGNOSTIC		494	2,416	33,691.20	13.95	.145	68.20	2.02
ORAL SURGERY		92	263	21,933.25	83.40	.016	238.40	1.32
DRUGS		19	37	475.00	12.84	.002	25.00	.03
ANESTHESIA		28	28	2,500.00	89.29	.002	89.29	.15
PERIODONTICS		2	2	236.00	118.00	.000	118.00	.01
ENDODONTICS		42	75	14,244.00	189.92	.005	339.14	.86
RESTORATIVE DENTISTRY		184	549	33,617.00	61.23	.033	182.70	2.02
PROSTHETICS		0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES		1	4	219.00	54.75	.000	219.00	.01
SPACE MAINTAINERS		6	7	671.00	95.86	.000	111.83	.04

MAXILLOFACIAL SERVICES	2	3	250.00	83.33	.000	125.00	.02
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.03
ORTHODONTIC SERVICES	39	51	3,650.00	71.57	.003	93.59	.22
ALL OTHER SERVICES	14	12	75.00	6.25	.001	5.36	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,314
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

16,659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	185	542	\$ 12,063.03	\$ 22.26	.033 \$ 65.21 \$.72
DIAGNOSTIC AND ANC. PROCED	133	140	5,909.78	42.21	.008 44.43 .35
EYE APPLIANCES	135	399	6,027.44	15.11	.024 44.65 .36
OTHER OPTOMETRIC SERVICES	3	3	125.81	41.94	.000 41.94 .01
@CHIROPRACTOR	76	112	\$ 1,826.66	\$ 16.31	.007 \$ 24.04 \$.11
VISITS	76	112	1,826.66	16.31	.007 24.04 .11
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	95	6,275	\$ 166,098.64	\$ 26.47	.377 \$ 1748.41 \$ 9.97
NURSE ANESTHESIST	2	11	\$ 182.88	\$ 16.63	.001 \$ 91.44 \$.01
NURSE MIDWIFE	1	1	\$ 182.94	\$ 182.94	.000 \$ 182.94 \$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	25	36	\$ 677.64	\$ 18.82	.002 \$ 27.11 \$.04
@TOTAL HOSPITAL	1,684	9,713	\$ 1,239,994.02	\$ 127.66	.583 \$ 736.34 \$ 74.43
HOSP INPATIENT TOTAL	137	640	972,566.89	1519.64	.038 7099.03 58.38
HSC HOSPITALS	14	55	75,244.03	1368.07	.003 5374.57 4.52
NON-HSC HOSPITAL TOTAL	123	585	897,322.86	1533.89	.035 7295.31 53.86
ACCOMMODATIONS	123	585	290,987.20	497.41	.035 2365.75 17.47

ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	122	580	289,830.70	499.71	.035	2375.66	17.40
ANCILLARIES	123	0	606,335.66	.00	.000	4929.56	36.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,603	9,073	267,427.13	29.48	.545	166.83	16.05
MEDICAL	371	493	17,227.86	34.94	.030	46.44	1.03
SURGERY	195	226	7,137.15	31.58	.014	36.60	.43
PATHOLOGY	648	2,673	34,999.29	13.09	.160	54.01	2.10
RADIOLOGY	445	603	33,903.49	56.22	.036	76.19	2.04
ROOM USE	1,289	1,840	65,499.63	35.60	.110	50.81	3.93
CROSSOVERS/ALL OTH OUTPTNT	823	3,238	108,659.71	33.56	.194	132.03	6.52
@COUNTY HOSPITAL TOTAL	9	20	\$ 5,390.96	\$ 269.55	.001	\$ 599.00	\$.32
CO HOSPITAL INPATIENT TOTAL	1	4	4,780.00	1195.00	.000	4780.00	.29
HSC HOSPITALS	1	4	4,780.00	1195.00	.000	4780.00	.29
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	16	610.96	38.19	.001	76.37	.04
MEDICAL	5	5	212.55	42.51	.000	42.51	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	52.20	10.44	.000	17.40	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	195.25	39.05	.000	39.05	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	150.96	150.96	.000	150.96	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SHASTA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

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03/14/05

	16,659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,676	9,693	\$	1,234,603.06	\$ 127.37	.582	\$ 736.64	\$ 74.11
COMM HOSP INPATIENT TOTAL	136	636		967,786.89	1521.68	.038	7116.08	58.09
HSC HOSPITALS	13	51		70,464.03	1381.65	.003	5420.31	4.23
NON-HSC HOSPITALS TOTAL	123	585		897,322.86	1533.89	.035	7295.31	53.86
ACCOMMODATIONS	123	585		290,987.20	497.41	.035	2365.75	17.47
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	122	580		289,830.70	499.71	.035	2375.66	17.40
ANCILLARIES	123	0		606,335.66	.00	.000	4929.56	36.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,596	9,057		266,816.17	29.46	.544	167.18	16.02
MEDICAL	367	488		17,015.31	34.87	.029	46.36	1.02
SURGERY	195	226		7,137.15	31.58	.014	36.60	.43
PATHOLOGY	645	2,668		34,947.09	13.10	.160	54.18	2.10
RADIOLOGY	445	603		33,903.49	56.22	.036	76.19	2.04
ROOM USE	1,284	1,835		65,304.38	35.59	.110	50.86	3.92
CROSSOVERS/ALL OTH OUTPTNT	822	3,237		108,508.75	33.52	.194	132.01	6.51
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	868	\$ 277,194.42	\$ 319.35	.052	\$ 9558.43	\$ 16.64
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	14	422	233,813.26	554.06	.025	16700.95	14.04
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	446	43,381.16	97.27	.027	2892.08	2.60
@INTERMEDIATE CARE FACIL.-DD	12	364	\$ 74,819.19	\$ 205.55	.022	\$ 6234.93	\$ 4.49
ICF DDH	0	0	885.36	.00	.000	.00	.05
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	364	73,933.83	203.11	.022	6161.15	4.44
@HEMODIALYSIS TOTAL	3	69	\$ 5,144.16	\$ 74.55	.004	\$ 1714.72	\$.31
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	69	5,144.16	74.55	.004	1714.72	.31
@REHABILITATION FACILITY	23	397	\$ 5,186.98	\$ 13.07	.024	\$ 225.52	\$.31
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	23	397	5,186.98	13.07	.024	225.52	.31
@LABORATORY FACILITY	628	2,013	\$ 28,342.96	\$ 14.08	.121	\$ 45.13	\$ 1.70
PATHOLOGY	628	2,013	28,342.96	14.08	.121	45.13	1.70
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,278	4,792	\$ 488,818.34	\$ 102.01	.288	\$ 149.12	\$ 29.34
CLINIC	248	769	23,927.08	31.11	.046	96.48	1.44
SURGICENTER	14	68	2,192.62	32.24	.004	156.62	.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,039	3,955	462,698.64	116.99	.237	152.25	27.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,316
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
16,659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	535	26,956	\$ 104,827.12	\$ 3.89	1.618	\$ 195.94	\$ 6.29	
DURABLE MED. EQUIP.	49	570	37,225.76	65.31	.034	759.71	2.23	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	11	18	893.53	49.64	.001	81.23	.05	
MEDICAL TRANSPORTATION	110	1,126	30,003.96	26.65	.068	272.76	1.80	
AMBULANCES/AIR TRANS	103	1,020	16,854.33	16.52	.061	163.63	1.01	
OTHER TRANS	7	91	398.64	4.38	.005	56.95	.02	
OTHER SERVICES	12	15	12,750.99	850.07	.001	1062.58	.77	
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	55	55	5,727.00	104.13	.003	104.13	.34	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	1	32	382.76	11.96	.002	382.76	.02	
OPTICIAN	148	333	2,902.10	8.72	.020	19.61	.17	
PHYSICAL THERAPIST	18	250	3,404.39	13.62	.015	189.13	.20	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	21	32	3,471.45	108.48	.002	165.31	.21	
PROSTHETICS	21	32	3,471.45	108.48	.002	165.31	.21	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	19	97	2,917.68	30.08	.006	153.56	.18	
HOSPICE SERVICES	2	58	7,243.04	124.88	.003	3621.52	.43	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	62	168	1,599.01	9.52	.010	25.79	.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	24,215	9,013.19	.37	1.454	200.29	.54
@CALIF. CHILDREN SERVICES*	144	3,088	\$ 297,972.39	\$ 96.49	.185	\$ 2069.25	\$ 17.89
@XOVER EXCLUDING STATE HOSP**	7	30	\$ 4,805.70	\$ 160.19	.002	\$ 686.53	\$.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,317
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,318
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,319
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,320
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,321

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,322
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,323
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,324
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,327
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MPO024	FEE-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,329
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	103	759	\$ 56,341.00	\$ 74.23	3.000	\$ 547.00	\$ 222.69
@PHYSICIANS SERVICES	34	88	\$ 6,675.79	\$ 75.86	.348	\$ 196.35	\$ 26.39
OUTPATIENT VISITS	9	11	573.50	52.14	.043	63.72	2.27
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7	369.89	52.84	.028	52.84	1.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	4	203.61	50.90	.016	101.81	.80
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	11	34	1,722.39	50.66	.134	156.58	6.81
HOSPITAL VISITS	11	33	1,614.75	48.93	.130	146.80	6.38
CRITICAL CARE	1	1	107.64	107.64	.004	107.64	.43
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	15	3,413.74	227.58	.059	568.96	13.49
PRINCIPAL SURGEON	6	6	3,044.56	507.43	.024	507.43	12.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	369.18	41.02	.036	184.59	1.46
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	16	26		904.30	34.78	.103	56.52	3.57
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		61.86	30.93	.008	30.93	.24
@PHARMACY	33	80	\$	3,303.71	\$ 41.30	.316	\$ 100.11	\$ 13.06
PRESCRIPTION DRUGS	32	70		2,775.72	39.65	.277	86.74	10.97
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	32	70		2,775.72	39.65	.277	86.74	10.97
MEDICAL SUPPLIES	4	10		527.99	52.80	.040	132.00	2.09
@DENTIST	3	6	\$	16.00	\$ 2.67	.024	\$ 5.33	\$.06
VISITS - DIAGNOSTIC	3	6		16.00	2.67	.024	5.33	.06
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,330
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 195.38	\$ 39.08	.020	\$ 48.85	\$.77
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	57	505	\$ 43,222.93	\$ 85.59	1.996	\$ 758.30	\$ 170.84
HOSP INPATIENT TOTAL	8	32	30,574.79	955.46	.126	3821.85	120.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	32	30,574.79	955.46	.126	3821.85	120.85
ACCOMMODATIONS	8	32	15,016.04	469.25	.126	1877.01	59.35

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	32	15,016.04	469.25	.126	1877.01	59.35
ANCILLARIES	8	0	15,558.75	.00	.000	1944.84	61.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	473	12,648.14	26.74	1.870	234.22	49.99
MEDICAL	3	4	103.13	25.78	.016	34.38	.41
SURGERY	10	15	454.68	30.31	.059	45.47	1.80
PATHOLOGY	31	97	1,290.60	13.31	.383	41.63	5.10
RADIOLOGY	14	16	1,048.66	65.54	.063	74.90	4.14
ROOM USE	41	97	3,285.57	33.87	.383	80.14	12.99
CROSSOVERS/ALL OTH OUTPTNT	41	244	6,465.50	26.50	.964	157.70	25.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,331
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	505	\$ 43,222.93	\$ 85.59	1.996	\$ 758.30	\$ 170.84
COMM HOSP INPATIENT TOTAL	8	32	30,574.79	955.46	.126	3821.85	120.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	32	30,574.79	955.46	.126	3821.85	120.85
ACCOMMODATIONS	8	32	15,016.04	469.25	.126	1877.01	59.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	32	15,016.04	469.25	.126	1877.01	59.35
ANCILLARIES	8	0	15,558.75	.00	.000	1944.84	61.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	473	12,648.14	26.74	1.870	234.22	49.99
MEDICAL	3	4	103.13	25.78	.016	34.38	.41
SURGERY	10	15	454.68	30.31	.059	45.47	1.80
PATHOLOGY	31	97	1,290.60	13.31	.383	41.63	5.10
RADIOLOGY	14	16	1,048.66	65.54	.063	74.90	4.14
ROOM USE	41	97	3,285.57	33.87	.383	80.14	12.99
CROSSOVERS/ALL OTH OUTPTNT	41	244	6,465.50	26.50	.964	157.70	25.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.000		.00	.00
LEV B-REHAB MD	0	0		.00		.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000		.00	.00
LEV B-REGULAR	0	0		.00		.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00	\$.00
ICF DDH	0	0		.00		.000		.00	.00
ICF DD	0	0		.00		.000		.00	.00
ICF DDN/DDCN	0	0		.00		.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.000		.00	.00
@LABORATORY FACILITY	22	57	\$	952.47	\$	16.71	.225	\$ 43.29	\$ 3.76
PATHOLOGY	22	57		952.47		16.71	.225	43.29	3.76
XO AND OTHERS	0	0		.00		.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	13	\$	1,449.72	\$	111.52	.051	\$ 131.79	\$ 5.73
CLINIC	0	0		.00		.000		.00	.00
SURGICENTER	0	0		.00		.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00	.00
RURAL HEALTH CLINIC	11	13		1,449.72		111.52	.051	131.79	5.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,332
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	5	\$ 525.00	\$ 105.00	.020	\$ 105.00	\$ 2.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.020	105.00	2.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,333
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	55	243	\$ 13,988.97	\$ 57.57	1.429	\$ 254.34	\$ 82.29
@PHYSICIANS SERVICES	12	17	\$ 648.22	\$ 38.13	.100	\$ 54.02	\$ 3.81
OUTPATIENT VISITS	9	10	415.75	41.58	.059	46.19	2.45
OFFICE VISITS	5	5	169.00	33.80	.029	33.80	.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	246.75	49.35	.029	61.69	1.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	69.02	69.02	.006	69.02	.41
PRINCIPAL SURGEON	1	1	69.02	69.02	.006	69.02	.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	112.48	37.49	.018	37.49	.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.006	13.76	.08
OTHER SERVICES/ALL X-OVERS	1	2	37.21	18.61	.012	37.21	.22
@PHARMACY	30	82	\$ 7,713.75	\$ 94.07	.482	\$ 257.13	\$ 45.38
PRESCRIPTION DRUGS	30	82	7,713.75	94.07	.482	257.13	45.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	30	82	7,713.75	94.07	.482	257.13	45.38
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	9	39	\$ 1,607.00	\$ 41.21	.229	\$ 178.56	\$ 9.45
VISITS - DIAGNOSTIC	7	20	404.00	20.20	.118	57.71	2.38
ORAL SURGERY	3	6	383.00	63.83	.035	127.67	2.25
DRUGS	1	2	30.00	15.00	.012	30.00	.18
ANESTHESIA	1	1	100.00	100.00	.006	100.00	.59

PERIODONTICS	2	2	236.00	118.00	.012	118.00	1.39
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	8	454.00	56.75	.047	151.33	2.67
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,334
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.024	\$ 90.30	\$.53
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.006	47.45	.28
EYE APPLIANCES	1	3	42.85	14.28	.018	42.85	.25
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	11	\$	208.37	\$	18.94	.065	\$	41.67	\$	1.23
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	11		208.37		18.94	.065		41.67		1.23
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		11.10		11.10	.006		11.10		.07
PATHOLOGY	1	1		4.64		4.64	.006		4.64		.03
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	5		160.05		32.01	.029		32.01		.94
CROSSOVERS/ALL OTH OUTPTNT	3	4		32.58		8.15	.024		10.86		.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,335
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	11	\$ 208.37	\$ 18.94	.065	\$ 41.67	\$ 1.23
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	11	208.37	18.94	.065	41.67	1.23
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	1	1		11.10	11.10	.006	11.10	.07	
PATHOLOGY	1	1		4.64	4.64	.006	4.64	.03	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	5	5		160.05	32.01	.029	32.01	.94	
CROSSOVERS/ALL OTH OUTPTNT	3	4		32.58	8.15	.024	10.86	.19	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	7	34	\$	420.56	12.37	.200	60.08	2.47	
PATHOLOGY	7	34		420.56	12.37	.200	60.08	2.47	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	22	49	\$	3,140.10	64.08	.288	142.73	18.47	
CLINIC	1	28		538.44	19.23	.165	538.44	3.17	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	21	21		2,601.66	123.89	.124	123.89	15.30	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,336
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR REFUGEES								AID CODES 01 02 08 0A

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	7	\$ 160.67	\$ 22.95	.041	\$ 80.34	\$.95
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	38.54	9.64	.024	19.27	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	122.13	40.71	.018	122.13	.72
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,337
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	531	7,951	\$ 664,550.44	\$ 83.58	19.022	\$ 1251.51	\$ 1589.83
@PHYSICIANS SERVICES	282	2,492	\$ 210,315.22	\$ 84.40	5.962	\$ 745.80	\$ 503.15
OUTPATIENT VISITS	162	254	9,164.41	36.08	.608	56.57	21.92
OFFICE VISITS	141	220	7,433.33	33.79	.526	52.72	17.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	20	22	1,543.16	70.14	.053	77.16	3.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	12	187.92	15.66	.029	17.08	.45
INPATIENT VISITS	12	26	1,526.80	58.72	.062	127.23	3.65
HOSPITAL VISITS	12	21	1,044.20	49.72	.050	87.02	2.50
CRITICAL CARE	3	5	482.60	96.52	.012	160.87	1.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.11
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	82	8,620.85	105.13	.196	453.73	20.62
PRINCIPAL SURGEON	13	13	7,371.91	567.07	.031	567.07	17.64
ASSISTANT SURGEON	4	4	626.77	156.69	.010	156.69	1.50
ANESTHESIOLOGIST	4	65	622.17	9.57	.156	155.54	1.49
OUTPATIENT SURGERY	56	663	15,108.86	22.79	1.586	269.80	36.15
PRINCIPAL SURGEON	49	85	13,791.19	162.25	.203	281.45	32.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	578	1,317.67	2.28	1.383	146.41	3.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	59	502.11	8.51	.141	15.22	1.20
RADIOLOGY	127	386	34,880.41	90.36	.923	274.65	83.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	40	884	135,984.48	153.83	2.115	3399.61	325.32
OTHER SERVICES/ALL X-OVERS	73	137	4,480.86	32.71	.328	61.38	10.72
@PHARMACY	349	1,878	\$ 210,761.07	\$ 112.23	4.493	\$ 603.90	\$ 504.21
PRESCRIPTION DRUGS	343	1,505	209,594.92	139.27	3.600	611.06	501.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	343	1,505	209,594.92	139.27	3.600	611.06	501.42

MEDICAL SUPPLIES	33	373		1,166.15	3.13	.892	35.34	2.79
@DENTIST	18	109	\$	5,723.00	\$ 52.50	.261	\$ 317.94	\$ 13.69
VISITS - DIAGNOSTIC	15	62		937.00	15.11	.148	62.47	2.24
ORAL SURGERY	3	18		986.00	54.78	.043	328.67	2.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.005	100.00	.48
PERIODONTICS	1	1		118.00	118.00	.002	118.00	.28
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	22		1,732.00	78.73	.053	346.40	4.14
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,750.00	437.50	.010	875.00	4.19
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,338
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	30	\$	756.58	\$ 25.22	.072	\$ 75.66	\$ 1.81
DIAGNOSTIC AND ANC. PROCED	9	10		418.60	41.86	.024	46.51	1.00
EYE APPLIANCES	7	19		326.57	17.19	.045	46.65	.78
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.002	11.41	.03
@CHIROPRACITOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	57	\$	4,201.80	\$ 73.72	.136	\$ 420.18	\$ 10.05
NURSE ANESTHESIST	1	7	\$	125.85	\$ 17.98	.017	\$ 125.85	\$.30
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	14	\$	235.70	\$ 16.84	.033	\$ 39.28	\$.56
@TOTAL HOSPITAL	115	1,040	\$	176,033.82	\$ 169.26	2.488	\$ 1530.73	\$ 421.13
HOSP INPATIENT TOTAL	19	52		135,500.07	2605.77	.124	7131.58	324.16
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	17	52		133,334.58	2564.13	.124	7843.21	318.98
ACCOMMODATIONS	17	52		24,702.03	475.04	.124	1453.06	59.10
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	52		24,702.03	475.04	.124	1453.06	59.10
ANCILLARIES	17	0		108,632.55	.00	.000	6390.15	259.89
INPATIENT CROSSOVERS	2	0		2,165.49	.00	.000	1082.75	5.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	102	988		40,533.75	41.03	2.364	397.39	96.97
MEDICAL	61	153		5,571.83	36.42	.366	91.34	13.33
SURGERY	26	30		1,422.20	47.41	.072	54.70	3.40
PATHOLOGY	48	196		2,436.22	12.43	.469	50.75	5.83
RADIOLOGY	26	84		5,907.03	70.32	.201	227.19	14.13
ROOM USE	53	70		2,636.18	37.66	.167	49.74	6.31

CROSSEOVERS/ALL OTH OUTPTNT	60	455		22,560.29	49.58	1.089	376.00	53.97	
@COUNTY HOSPITAL TOTAL	5	19	\$	592.17	\$ 31.17	.045	\$ 118.43	\$ 1.42	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	5	19		592.17	31.17	.045	118.43	1.42	
MEDICAL	4	5		201.09	40.22	.012	50.27	.48	
SURGERY	1	1		13.26	13.26	.002	13.26	.03	
PATHOLOGY	1	5		46.08	9.22	.012	46.08	.11	
RADIOLOGY	1	2		118.02	59.01	.005	118.02	.28	
ROOM USE	5	6		213.72	35.62	.014	42.74	.51	
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,339
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL								AID CODES 0M 0N 0P

	418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111		1,021	\$ 175,441.65	\$ 171.83	2.443	\$ 1580.56	\$ 419.72
COMM HOSP INPATIENT TOTAL	19		52	135,500.07	2605.77	.124	7131.58	324.16
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	17		52	133,334.58	2564.13	.124	7843.21	318.98
ACCOMMODATIONS	17		52	24,702.03	475.04	.124	1453.06	59.10
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	17	52		24,702.03	475.04	.124	1453.06	59.10
ANCILLARIES	17	0		108,632.55	.00	.000	6390.15	259.89
INPATIENT CROSSOVERS	2	0		2,165.49	.00	.000	1082.75	5.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	98	969		39,941.58	41.22	2.318	407.57	95.55
MEDICAL	57	148		5,370.74	36.29	.354	94.22	12.85
SURGERY	25	29		1,408.94	48.58	.069	56.36	3.37
PATHOLOGY	47	191		2,390.14	12.51	.457	50.85	5.72
RADIOLOGY	25	82		5,789.01	70.60	.196	231.56	13.85
ROOM USE	49	64		2,422.46	37.85	.153	49.44	5.80
CROSSOVERS/ALL OTH OUTPTNT	60	455		22,560.29	49.58	1.089	376.00	53.97
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	108	446	\$	10,757.46	\$ 24.12	1.067	\$ 99.61	\$ 25.74
PATHOLOGY	108	446		10,757.46	24.12	1.067	99.61	25.74
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	162	353	\$	39,471.03	\$ 111.82	.844	\$ 243.65	\$ 94.43
CLINIC	6	24		670.96	27.96	.057	111.83	1.61
SURGICENTER	15	72		2,876.96	39.96	.172	191.80	6.88
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	151	257		35,923.11	139.78	.615	237.90	85.94

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,340
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	48		1,525	\$ 6,168.91	\$ 4.05	3.648	\$ 128.52	\$ 14.76
DURABLE MED. EQUIP.	4		15	1,382.17	92.14	.036	345.54	3.31
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6		106	999.91	9.43	.254	166.65	2.39
AMBULANCES/AIR TRANS	6		105	990.03	9.43	.251	165.01	2.37
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	9.88	9.88	.002	9.88	.02
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	105.00	105.00	.002	105.00	.25

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	25	358.79	14.35	.060	32.62	.86
PHYSICAL THERAPIST	12	116	1,738.95	14.99	.278	144.91	4.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	18	1,258.24	69.90	.043	139.80	3.01
PROSTHETICS	9	18	1,258.24	69.90	.043	139.80	3.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	1,244	325.85	.26	2.976	40.73	.78
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	25	115	4,743.76	\$ 41.25	.275	\$ 189.75	\$ 11.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,341
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

93 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	104	1,214	\$ 46,167.06	\$ 38.03	13.054	\$ 443.91	\$ 496.42
@PHYSICIANS SERVICES	51	640	\$ 21,282.72	\$ 33.25	6.882	\$ 417.31	\$ 228.85
OUTPATIENT VISITS	25	38	796.50	20.96	.409	31.86	8.56
OFFICE VISITS	20	29	570.66	19.68	.312	28.53	6.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	9	225.84	25.09	.097	45.17	2.43
INPATIENT VISITS	3	8	428.57	53.57	.086	142.86	4.61
HOSPITAL VISITS	3	8	428.57	53.57	.086	142.86	4.61
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	1,022.71	340.90	.032	511.36	11.00
PRINCIPAL SURGEON	2	2	887.94	443.97	.022	443.97	9.55
ASSISTANT SURGEON	1	1	134.77	134.77	.011	134.77	1.45
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	17	1,050.02	61.77	.183	210.00	11.29
PRINCIPAL SURGEON	4	4	804.56	201.14	.043	201.14	8.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	245.46	18.88	.140	245.46	2.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	7	56.69	8.10	.075	11.34	.61
RADIOLOGY	13	25	2,828.87	113.15	.269	217.61	30.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	6		9,512.85	1585.48	.065	2378.21	102.29
OTHER SERVICES/ALL X-OVERS	17	536		5,586.51	10.42	5.763	328.62	60.07
@PHARMACY	58	155	\$	7,250.65	\$ 46.78	1.667	\$ 125.01	\$ 77.96
PRESCRIPTION DRUGS	58	146		6,976.48	47.78	1.570	120.28	75.02
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	58	146		6,976.48	47.78	1.570	120.28	75.02
MEDICAL SUPPLIES	3	9		274.17	30.46	.097	91.39	2.95
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,342
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV							

93 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	2 \$	55.46	\$ 27.73	.022	\$ 55.46	\$.60	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.022	55.46	.60	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	23	387 \$	15,607.82	\$ 40.33	4.161	\$ 678.60	\$ 167.83	
HOSP INPATIENT TOTAL	3	13	7,603.48	584.88	.140	2534.49	81.76	
HSC HOSPITALS	1	4	3,840.00	960.00	.043	3840.00	41.29	
NON-HSC HOSPITAL TOTAL	2	9	3,763.48	418.16	.097	1881.74	40.47	
ACCOMMODATIONS	2	9	1,768.00	196.44	.097	884.00	19.01	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	9	1,768.00	196.44	.097	884.00	19.01	
ANCILLARIES	2	0	1,995.48	.00	.000	997.74	21.46	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	22	374		8,004.34		21.40	4.022	363.83	86.07
MEDICAL	6	18		674.64		37.48	.194	112.44	7.25
SURGERY	4	12		451.93		37.66	.129	112.98	4.86
PATHOLOGY	11	52		699.12		13.44	.559	63.56	7.52
RADIOLOGY	4	4		152.76		38.19	.043	38.19	1.64
ROOM USE	16	48		1,589.79		33.12	.516	99.36	17.09
CROSSOVERS/ALL OTH OUTPTNT	18	240		4,436.10		18.48	2.581	246.45	47.70
@COUNTY HOSPITAL TOTAL	6	71	\$	1,677.96	\$	23.63	.763	279.66	18.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	71		1,677.96		23.63	.763	279.66	18.04
MEDICAL	1	4		342.71		85.68	.043	342.71	3.69
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	4	26		270.97		10.42	.280	67.74	2.91
RADIOLOGY	1	1		26.98		26.98	.011	26.98	.29
ROOM USE	5	12		456.32		38.03	.129	91.26	4.91
CROSSOVERS/ALL OTH OUTPTNT	3	28		580.98		20.75	.301	193.66	6.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								
	AID CODES 0R 0T 0U 0V								

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03/14/05

93 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	316	\$ 13,929.86	\$ 44.08	3.398	\$ 773.88	\$ 149.78
COMM HOSP INPATIENT TOTAL	3	13	7,603.48	584.88	.140	2534.49	81.76
HSC HOSPITALS	1	4	3,840.00	960.00	.043	3840.00	41.29
NON-HSC HOSPITALS TOTAL	2	9	3,763.48	418.16	.097	1881.74	40.47
ACCOMMODATIONS	2	9	1,768.00	196.44	.097	884.00	19.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	1,768.00	196.44	.097	884.00	19.01
ANCILLARIES	2	0	1,995.48	.00	.000	997.74	21.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	303	6,326.38	20.88	3.258	395.40	68.03
MEDICAL	5	14	331.93	23.71	.151	66.39	3.57
SURGERY	4	12	451.93	37.66	.129	112.98	4.86
PATHOLOGY	7	26	428.15	16.47	.280	61.16	4.60
RADIOLOGY	3	3	125.78	41.93	.032	41.93	1.35
ROOM USE	11	36	1,133.47	31.49	.387	103.04	12.19
CROSSOVERS/ALL OTH OUTPTNT	15	212	3,855.12	18.18	2.280	257.01	41.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	13	22	\$	1,361.32	\$	61.88	.237	\$ 104.72	\$ 14.64	
PATHOLOGY	13	22		1,361.32		61.88	.237	104.72	14.64	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	1	3	\$	146.55	\$	48.85	.032	\$ 146.55	\$ 1.58	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	1	3		146.55		48.85	.032	146.55	1.58	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 14,344
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY									AID CODES 0R 0T 0U 0V

93 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	5	\$ 462.54	\$ 92.51	.054	\$ 154.18	\$ 4.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.011	105.00	1.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	306.44	102.15	.032	306.44	3.30
PROSTHETICS	1	3	306.44	102.15	.032	306.44	3.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	51.10	51.10	.011	51.10	.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	544	\$ 5,456.53	\$ 10.03	5.849	\$ 389.75	\$ 58.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,345
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	635	9,165	\$ 710,717.50	\$ 77.55	17.935	\$ 1119.24	\$ 1390.84
@PHYSICIANS SERVICES	333	3,132	\$ 231,597.94	\$ 73.95	6.129	\$ 695.49	\$ 453.22
OUTPATIENT VISITS	187	292	9,960.91	34.11	.571	53.27	19.49
OFFICE VISITS	161	249	8,003.99	32.14	.487	49.71	15.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	20	22	1,543.16	70.14	.043	77.16	3.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	21	413.76	19.70	.041	25.86	.81
INPATIENT VISITS	15	34	1,955.37	57.51	.067	130.36	3.83
HOSPITAL VISITS	15	29	1,472.77	50.79	.057	98.18	2.88
CRITICAL CARE	3	5	482.60	96.52	.010	160.87	.94
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.09
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	85	9,643.56	113.45	.166	459.22	18.87
PRINCIPAL SURGEON	15	15	8,259.85	550.66	.029	550.66	16.16
ASSISTANT SURGEON	5	5	761.54	152.31	.010	152.31	1.49
ANESTHESIOLOGIST	4	65	622.17	9.57	.127	155.54	1.22
OUTPATIENT SURGERY	61	680	16,158.88	23.76	1.331	264.90	31.62
PRINCIPAL SURGEON	53	89	14,595.75	164.00	.174	275.39	28.56

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	10	591		1,563.13		2.64	1.157	156.31	3.06
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	38	66		558.80		8.47	.129	14.71	1.09
RADIOLOGY	140	411		37,709.28		91.75	.804	269.35	73.80
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	890		145,497.33		163.48	1.742	3306.76	284.73
OTHER SERVICES/ALL X-OVERS	90	673		10,067.37		14.96	1.317	111.86	19.70
@PHARMACY	407	2,033	\$	218,011.72	\$	107.24	3.978	\$ 535.66	\$ 426.64
PRESCRIPTION DRUGS	401	1,651		216,571.40		131.18	3.231	540.08	423.82
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	401	1,651		216,571.40		131.18	3.231	540.08	423.82
MEDICAL SUPPLIES	36	382		1,440.32		3.77	.748	40.01	2.82
@DENTIST	18	109	\$	5,723.00	\$	52.50	.213	\$ 317.94	\$ 11.20
VISITS - DIAGNOSTIC	15	62		937.00		15.11	.121	62.47	1.83
ORAL SURGERY	3	18		986.00		54.78	.035	328.67	1.93
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	2	2		200.00		100.00	.004	100.00	.39
PERIODONTICS	1	1		118.00		118.00	.002	118.00	.23
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	22		1,732.00		78.73	.043	346.40	3.39
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,750.00		437.50	.008	875.00	3.42
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,346
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	11	32	\$ 812.04	\$ 25.38	.063	\$ 73.82	\$ 1.59
DIAGNOSTIC AND ANC. PROCED	9	10	418.60	41.86	.020	46.51	.82
EYE APPLIANCES	7	19	326.57	17.19	.037	46.65	.64
OTHER OPTOMETRIC SERVICES	2	3	66.87	22.29	.006	33.44	.13
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	57	\$ 4,201.80	\$ 73.72	.112	\$ 420.18	\$ 8.22
NURSE ANESTHESIST	1	7	125.85	17.98	.014	125.85	.25
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	14	235.70	16.84	.027	39.28	.46
@TOTAL HOSPITAL	138	1,427	\$ 191,641.64	\$ 134.30	2.793	\$ 1388.71	\$ 375.03
HOSP INPATIENT TOTAL	22	65	143,103.55	2201.59	.127	6504.71	280.05
HSC HOSPITALS	1	4	3,840.00	960.00	.008	3840.00	7.51
NON-HSC HOSPITAL TOTAL	19	61	137,098.06	2247.51	.119	7215.69	268.29
ACCOMMODATIONS	19	61	26,470.03	433.93	.119	1393.16	51.80

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	61	26,470.03	433.93	.119	1393.16	51.80
ANCILLARIES	19	0	110,628.03	.00	.000	5822.53	216.49
INPATIENT CROSSOVERS	2	0	2,165.49	.00	.000	1082.75	4.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	124	1,362	48,538.09	35.64	2.665	391.44	94.99
MEDICAL	67	171	6,246.47	36.53	.335	93.23	12.22
SURGERY	30	42	1,874.13	44.62	.082	62.47	3.67
PATHOLOGY	59	248	3,135.34	12.64	.485	53.14	6.14
RADIOLOGY	30	88	6,059.79	68.86	.172	201.99	11.86
ROOM USE	69	118	4,225.97	35.81	.231	61.25	8.27
CROSSOVERS/ALL OTH OUTPTNT	78	695	26,996.39	38.84	1.360	346.11	52.83
@COUNTY HOSPITAL TOTAL	11	90	\$ 2,270.13	\$ 25.22	.176	\$ 206.38	\$ 4.44
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	90	2,270.13	25.22	.176	206.38	4.44
MEDICAL	5	9	543.80	60.42	.018	108.76	1.06
SURGERY	1	1	13.26	13.26	.002	13.26	.03
PATHOLOGY	5	31	317.05	10.23	.061	63.41	.62
RADIOLOGY	2	3	145.00	48.33	.006	72.50	.28
ROOM USE	10	18	670.04	37.22	.035	67.00	1.31
CROSSOVERS/ALL OTH OUTPTNT	3	28	580.98	20.75	.055	193.66	1.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	1,337	\$ 189,371.51	\$ 141.64	2.616	\$ 1468.00	\$ 370.59
COMM HOSP INPATIENT TOTAL	22	65	143,103.55	2201.59	.127	6504.71	280.05
HSC HOSPITALS	1	4	3,840.00	960.00	.008	3840.00	7.51
NON-HSC HOSPITALS TOTAL	19	61	137,098.06	2247.51	.119	7215.69	268.29
ACCOMMODATIONS	19	61	26,470.03	433.93	.119	1393.16	51.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	61	26,470.03	433.93	.119	1393.16	51.80
ANCILLARIES	19	0	110,628.03	.00	.000	5822.53	216.49
INPATIENT CROSSOVERS	2	0	2,165.49	.00	.000	1082.75	4.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	114	1,272	46,267.96	36.37	2.489	405.86	90.54
MEDICAL	62	162	5,702.67	35.20	.317	91.98	11.16
SURGERY	29	41	1,860.87	45.39	.080	64.17	3.64
PATHOLOGY	54	217	2,818.29	12.99	.425	52.19	5.52
RADIOLOGY	28	85	5,914.79	69.59	.166	211.24	11.57
ROOM USE	60	100	3,555.93	35.56	.196	59.27	6.96
CROSSOVERS/ALL OTH OUTPTNT	75	667	26,415.41	39.60	1.305	352.21	51.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	121	468	\$	12,118.78	\$	25.89	.916	\$	100.16
PATHOLOGY	121	468		12,118.78		25.89	.916		100.16
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	163	356	\$	39,617.58	\$	111.29	.697	\$	243.05
CLINIC	6	24		670.96		27.96	.047		111.83
SURGICENTER	16	75		3,023.51		40.31	.147		188.97
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	151	257		35,923.11		139.78	.503		237.90

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,348
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					----- MONTHLY AVERAGE -----			
511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	51	1,530	\$ 6,631.45	\$ 4.33	2.994	\$ 130.03	\$ 12.98	
DURABLE MED. EQUIP.	4	15	1,382.17	92.14	.029	345.54	2.70	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	106	999.91	9.43	.207	166.65	1.96	
AMBULANCES/AIR TRANS	6	105	990.03	9.43	.205	165.01	1.94	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	9.88	9.88	.002	9.88	.02	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	2	2	210.00	105.00	.004	105.00	.41	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	11	25	358.79	14.35	.049	32.62	.70	
PHYSICAL THERAPIST	12	116	1,738.95	14.99	.227	144.91	3.40	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	10	21	1,564.68	74.51	.041	156.47	3.06	
PROSTHETICS	10	21	1,564.68	74.51	.041	156.47	3.06	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,245	376.95	.30	2.436	41.88	.74
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	659	\$ 10,200.29	\$ 15.48	1.290	\$ 261.55	\$ 19.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,349
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80

103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23	57	\$ 863.43	\$ 15.15	.553	\$ 37.54	\$ 8.38
@PHYSICIANS SERVICES	10	18	\$ 304.17	\$ 16.90	.175	\$ 30.42	\$ 2.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	18		304.17	16.90	.175	30.42	2.95
@PHARMACY	1	2	\$	30.40	\$ 15.20	.019	\$ 30.40	\$.30
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	1	2		30.40	15.20	.019	30.40	.30
@DENTIST	3	8	\$	.00	\$.00	.078	\$.00	\$.00
VISITS - DIAGNOSTIC	3	5		.00	.00	.049	.00	.00
ORAL SURGERY	1	1		.00	.00	.010	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		.00	.00	.019	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,350
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	14	\$	377.56	\$	26.97	.136	\$	188.78	\$	3.67
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	14		377.56		26.97	.136		188.78		3.67
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	14		377.56		26.97	.136		188.78		3.67
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,351
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 377.56	\$ 26.97	.136	\$ 188.78	\$ 3.67
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	14	377.56	26.97	.136	188.78	3.67
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	14		377.56	26.97	.136	188.78	3.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,352
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

103 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	7	15	\$ 151.30	\$ 10.09	.146 \$ 21.61 \$ 1.47
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	15	151.30	10.09	.146	21.61	1.47
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	20	49	\$ 863.43	\$ 17.62	.476	\$ 43.17	\$ 8.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,353

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

	3,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,477	5,919	\$	337,250.64	\$ 56.98	1.546	\$ 228.33	\$ 88.08
@PHYSICIANS SERVICES	356	1,088	\$	46,389.36	\$ 42.64	.284	\$ 130.31	\$ 12.12
OUTPATIENT VISITS	275	349		13,554.20	38.84	.091	49.29	3.54
OFFICE VISITS	139	181		5,708.85	31.54	.047	41.07	1.49
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	135	151		7,100.92	47.03	.039	52.60	1.85
PREVENTIVE CARE	4	4		149.56	37.39	.001	37.39	.04
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	13		594.87	45.76	.003	66.10	.16
INPATIENT VISITS	14	65		4,838.33	74.44	.017	345.60	1.26
HOSPITAL VISITS	11	45		2,520.91	56.02	.012	229.17	.66
CRITICAL CARE	5	20		2,317.42	115.87	.005	463.48	.61
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		159.13	39.78	.001	39.78	.04
EXAMINATIONS	4	4		159.13	39.78	.001	39.78	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	70		6,656.94	95.10	.018	832.12	1.74
PRINCIPAL SURGEON	8	12		5,387.85	448.99	.003	673.48	1.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	58		1,269.09	21.88	.015	423.03	.33
OUTPATIENT SURGERY	32	418		10,331.95	24.72	.109	322.87	2.70
PRINCIPAL SURGEON	25	30		4,200.06	140.00	.008	168.00	1.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	388		6,131.89	15.80	.101	681.32	1.60
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	11	15		491.71	32.78	.004	44.70	.13
RADIOLOGY	56	102		6,140.08	60.20	.027	109.64	1.60
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	65		4,217.02	64.88	.017	162.19	1.10
@PHARMACY	623	1,201	\$	44,643.42	\$ 37.17	.314	\$ 71.66	\$ 11.66
PRESCRIPTION DRUGS	616	1,125		43,440.60	38.61	.294	70.52	11.35
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	616	1,125		43,440.60	38.61	.294	70.52	11.35

MEDICAL SUPPLIES	22	76		1,202.82	15.83	.020	54.67	.31
@DENTIST	76	410	\$	12,271.00	\$ 29.93	.107	\$ 161.46	\$ 3.20
VISITS - DIAGNOSTIC	60	236		3,497.00	14.82	.062	58.28	.91
ORAL SURGERY	2	3		135.00	45.00	.001	67.50	.04
DRUGS	4	6		150.00	25.00	.002	37.50	.04
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	10	27		1,846.00	68.37	.007	184.60	.48
RESTORATIVE DENTISTRY	31	138		6,643.00	48.14	.036	214.29	1.73
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,354	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
SHASTA COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P	

						----- MONTHLY AVERAGE -----		
3,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	13	30	\$	826.78	\$ 27.56	.008	\$ 63.60	\$.22
DIAGNOSTIC AND ANC. PROCED	7	7		302.85	43.26	.002	43.26	.08
EYE APPLIANCES	8	21		442.73	21.08	.005	55.34	.12
OTHER OPTOMETRIC SERVICES	2	2		81.20	40.60	.001	40.60	.02
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	670	\$	19,961.02	\$ 29.79	.175	\$ 3992.20	\$ 5.21
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	26.18	\$ 26.18	.000	\$ 26.18	\$.01
@TOTAL HOSPITAL	266	1,042	\$	120,999.61	\$ 116.12	.272	\$ 454.89	\$ 31.60
HOSP INPATIENT TOTAL	13	56		88,175.63	1574.56	.015	6782.74	23.03
HSC HOSPITALS	4	39		64,160.00	1645.13	.010	16040.00	16.76
NON-HSC HOSPITAL TOTAL	9	17		24,015.63	1412.68	.004	2668.40	6.27
ACCOMMODATIONS	9	17		7,961.12	468.30	.004	884.57	2.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	17		7,961.12	468.30	.004	884.57	2.08
ANCILLARIES	8	0		16,054.51	.00	.000	2006.81	4.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	255	986		32,823.98	33.29	.258	128.72	8.57
MEDICAL	110	150		7,407.33	49.38	.039	67.34	1.93
SURGERY	24	24		879.51	36.65	.006	36.65	.23
PATHOLOGY	52	177		1,438.96	8.13	.046	27.67	.38
RADIOLOGY	45	82		4,684.00	57.12	.021	104.09	1.22
ROOM USE	230	321		14,125.56	44.00	.084	61.42	3.69
CROSSOVERS/ALL OTH OUTPTNT	80	232		4,288.62	18.49	.061	53.61	1.12
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,355
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	3,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	266	1,042	\$	120,999.61	\$ 116.12	.272	\$ 454.89	\$ 31.60
COMM HOSP INPATIENT TOTAL	13	56		88,175.63	1574.56	.015	6782.74	23.03
HSC HOSPITALS	4	39		64,160.00	1645.13	.010	16040.00	16.76
NON-HSC HOSPITALS TOTAL	9	17		24,015.63	1412.68	.004	2668.40	6.27
ACCOMMODATIONS	9	17		7,961.12	468.30	.004	884.57	2.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	9	17	7,961.12	468.30	.004	884.57	2.08
ANCILLARIES	8	0	16,054.51	.00	.000	2006.81	4.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	255	986	32,823.98	33.29	.258	128.72	8.57
MEDICAL	110	150	7,407.33	49.38	.039	67.34	1.93
SURGERY	24	24	879.51	36.65	.006	36.65	.23
PATHOLOGY	52	177	1,438.96	8.13	.046	27.67	.38
RADIOLOGY	45	82	4,684.00	57.12	.021	104.09	1.22
ROOM USE	230	321	14,125.56	44.00	.084	61.42	3.69
CROSSOVERS/ALL OTH OUTPTNT	80	232	4,288.62	18.49	.061	53.61	1.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	18	\$ 238.12	\$ 13.23	.005	\$ 119.06	\$.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	18	238.12	13.23	.005	119.06	.06
@LABORATORY FACILITY	52	92	\$ 720.35	\$ 7.83	.024	\$ 13.85	\$.19
PATHOLOGY	52	92	720.35	7.83	.024	13.85	.19
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	601	773	\$ 85,302.40	\$ 110.35	.202	\$ 141.93	\$ 22.28
CLINIC	15	36	328.76	9.13	.009	21.92	.09
SURGICENTER	3	16	656.42	41.03	.004	218.81	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	584	721	84,317.22	116.94	.188	144.38	22.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,356
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	3,829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	594	\$	5,872.40	\$ 9.89	.155	\$ 97.87	\$ 1.53
DURABLE MED. EQUIP.	7	7		626.98	89.57	.002	89.57	.16
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7		355.02	50.72	.002	71.00	.09
MEDICAL TRANSPORTATION	8	45		2,159.58	47.99	.012	269.95	.56
AMBULANCES/AIR TRANS	8	44		884.58	20.10	.011	110.57	.23
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,275.00	1275.00	.000	1275.00	.33
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	111.89	10.17	.003	22.38	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.58	48.19	.001	144.58	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	416	2,437.75	5.86	.109	78.64	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	105	36.60	.35	.027	7.32	.01
@CALIF. CHILDREN SERVICES*	33	426	\$ 68,415.12	\$ 160.60	.111	\$ 2073.19	\$ 17.87
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,357
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

4,875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,021	11,285	\$ 494,673.48	\$ 43.83	2.315	\$ 244.77	\$ 101.47
@PHYSICIANS SERVICES	373	1,112	\$ 36,274.05	\$ 32.62	.228	\$ 97.25	\$ 7.44
OUTPATIENT VISITS	248	303	13,603.79	44.90	.062	54.85	2.79
OFFICE VISITS	121	146	5,024.94	34.42	.030	41.53	1.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	130	147	8,084.69	55.00	.030	62.19	1.66
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	105.84	52.92	.000	105.84	.02
OTHER OUTPATIENT	7	8	388.32	48.54	.002	55.47	.08
INPATIENT VISITS	20	51	3,515.61	68.93	.010	175.78	.72
HOSPITAL VISITS	18	40	2,115.18	52.88	.008	117.51	.43
CRITICAL CARE	3	11	1,400.43	127.31	.002	466.81	.29
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6	286.10	47.68	.001	57.22	.06
EXAMINATIONS	5	6	286.10	47.68	.001	57.22	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	116	4,447.20	38.34	.024	296.48	.91
PRINCIPAL SURGEON	11	12	3,831.51	319.29	.002	348.32	.79
ASSISTANT SURGEON	1	1	84.51	84.51	.000	84.51	.02
ANESTHESIOLOGIST	4	103	531.18	5.16	.021	132.80	.11
OUTPATIENT SURGERY	33	386	4,769.54	12.36	.079	144.53	.98
PRINCIPAL SURGEON	29	35	3,782.50	108.07	.007	130.43	.78
ASSISTANT SURGEON	1	1	104.24	104.24	.000	104.24	.02
ANESTHESIOLOGIST	7	350	882.80	2.52	.072	126.11	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	10	52.94	5.29	.002	8.82	.01
RADIOLOGY	120	175	7,127.43	40.73	.036	59.40	1.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	1		7.45	7.45	.000	7.45	.00
OTHER SERVICES/ALL X-OVERS	38	64		2,463.99	38.50	.013	64.84	.51
@PHARMACY	693	2,841	\$	110,459.25	\$ 38.88	.583	\$ 159.39	\$ 22.66
PRESCRIPTION DRUGS	681	1,325		106,765.52	80.58	.272	156.78	21.90
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	681	1,325		106,765.52	80.58	.272	156.78	21.90
MEDICAL SUPPLIES	30	1,516		3,693.73	2.44	.311	123.12	.76
@DENTIST	249	1,425	\$	41,509.50	\$ 29.13	.292	\$ 166.70	\$ 8.51
VISITS - DIAGNOSTIC	185	1,022		14,066.00	13.76	.210	76.03	2.89
ORAL SURGERY	41	99		7,255.50	73.29	.020	176.96	1.49
DRUGS	5	10		150.00	15.00	.002	30.00	.03
ANESTHESIA	9	9		800.00	88.89	.002	88.89	.16
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	17	25		3,235.00	129.40	.005	190.29	.66
RESTORATIVE DENTISTRY	85	230		12,545.00	54.54	.047	147.59	2.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2		320.00	160.00	.000	160.00	.07
MAXILLOFACIAL SERVICES	1	1		48.00	48.00	.000	48.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	20	25		2,865.00	114.60	.005	143.25	.59
ALL OTHER SERVICES	6	2		225.00	112.50	.000	37.50	.05
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,358 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T								

4,875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	69	187	\$ 4,253.48	\$ 22.75	.038	\$ 61.64	\$.87	
DIAGNOSTIC AND ANC. PROCED	56	57	2,404.74	42.19	.012	42.94	.49	
EYE APPLIANCES	46	129	1,836.74	14.24	.026	39.93	.38	
OTHER OPTOMETRIC SERVICES	1	1	12.00	12.00	.000	12.00	.00	
@CHIROPRACTOR	28	49	\$ 819.28	\$ 16.72	.010	\$ 29.26	\$.17	
VISITS	28	49	819.28	16.72	.010	29.26	.17	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	16	1,693	\$ 50,589.85	\$ 29.88	.347	\$ 3161.87	\$ 10.38	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	2	2	\$ 45.93	\$ 22.97	.000	\$ 22.97	\$.01	
@TOTAL HOSPITAL	292	1,483	\$ 131,375.40	\$ 88.59	.304	\$ 449.92	\$ 26.95	
HOSP INPATIENT TOTAL	15	68	91,738.19	1349.09	.014	6115.88	18.82	
HSC HOSPITALS	3	17	28,047.00	1649.82	.003	9349.00	5.75	
NON-HSC HOSPITAL TOTAL	12	51	63,691.19	1248.85	.010	5307.60	13.06	
ACCOMMODATIONS	12	51	22,683.46	444.77	.010	1890.29	4.65	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	12	51	22,683.46	444.77	.010	1890.29	4.65	
ANCILLARIES	12	0	41,007.73	.00	.000	3417.31	8.41	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	282	1,415		39,637.21	28.01	.290	140.56	8.13	
MEDICAL	77	98		4,232.47	43.19	.020	54.97	.87	
SURGERY	32	36		1,203.20	33.42	.007	37.60	.25	
PATHOLOGY	98	406		5,324.92	13.12	.083	54.34	1.09	
RADIOLOGY	88	123		6,755.77	54.92	.025	76.77	1.39	
ROOM USE	233	317		11,255.17	35.51	.065	48.31	2.31	
CROSSOVERS/ALL OTH OUTPTNT	128	435		10,865.68	24.98	.089	84.89	2.23	
@COUNTY HOSPITAL TOTAL	1	4	\$	128.34	\$ 32.09	.001	\$ 128.34	\$.03	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	4		128.34	32.09	.001	128.34	.03	
MEDICAL	1	1		64.19	64.19	.000	64.19	.01	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	1	1		24.24	24.24	.000	24.24	.00	
ROOM USE	1	1		34.21	34.21	.000	34.21	.01	
CROSSOVERS/ALL OTH OUTPTNT	1	1		5.70	5.70	.000	5.70	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,359
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM								
	AID CODES 7A 7C 8R 8T								
	----- MONTHLY AVERAGE -----								
4,875 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	291	1,479	\$	131,247.06	\$ 88.74	.303	\$ 451.02	\$ 26.92	

COMM HOSP INPATIENT TOTAL	15	68		91,738.19	1349.09	.014	6115.88	18.82
HSC HOSPITALS	3	17		28,047.00	1649.82	.003	9349.00	5.75
NON-HSC HOSPITALS TOTAL	12	51		63,691.19	1248.85	.010	5307.60	13.06
ACCOMMODATIONS	12	51		22,683.46	444.77	.010	1890.29	4.65
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	51		22,683.46	444.77	.010	1890.29	4.65
ANCILLARIES	12	0		41,007.73	.00	.000	3417.31	8.41
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	281	1,411		39,508.87	28.00	.289	140.60	8.10
MEDICAL	76	97		4,168.28	42.97	.020	54.85	.86
SURGERY	32	36		1,203.20	33.42	.007	37.60	.25
PATHOLOGY	98	406		5,324.92	13.12	.083	54.34	1.09
RADIOLOGY	87	122		6,731.53	55.18	.025	77.37	1.38
ROOM USE	232	316		11,220.96	35.51	.065	48.37	2.30
CROSSOVERS/ALL OTH OUTPTNT	127	434		10,859.98	25.02	.089	85.51	2.23
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	28	\$	377.40	13.48	.006	62.90	.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	28		377.40	13.48	.006	62.90	.08
@LABORATORY FACILITY	105	375	\$	3,904.40	10.41	.077	37.18	.80
PATHOLOGY	105	375		3,904.40	10.41	.077	37.18	.80
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	646	932	\$	99,715.80	106.99	.191	154.36	20.45
CLINIC	28	74		2,128.78	28.77	.015	76.03	.44
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	619	858		97,587.02	113.74	.176	157.65	20.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,360
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,875 ELIGIBLES							
@ALL OTHER PROVIDERS	295	1,158	\$ 15,349.14	\$ 13.25	.238	\$ 52.03	\$ 3.15
DURABLE MED. EQUIP.	4	19	1,280.35	67.39	.004	320.09	.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	88.99	44.50	.000	88.99	.02
MEDICAL TRANSPORTATION	19	260	4,511.87	17.35	.053	237.47	.93

AMBULANCES/AIR TRANS	18	258	3,864.49	14.98	.053	214.69	.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	647.38	323.69	.000	323.69	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.001	105.00	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	53	118	1,016.74	8.62	.024	19.18	.21
PHYSICAL THERAPIST	2	30	417.12	13.90	.006	208.56	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	490.80	122.70	.001	163.60	.10
PROSTHETICS	3	4	490.80	122.70	.001	163.60	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	251.02	41.84	.001	125.51	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	200	701	6,838.28	9.76	.144	34.19	1.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	15	138.97	9.26	.003	11.58	.03
@CALIF. CHILDREN SERVICES*	35	145	\$ 88,262.64	\$ 608.71	.030	\$ 2521.79	\$ 18.11
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,361
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	444	2,095	\$ 98,178.99	\$ 46.86	.000	\$ 221.12	\$.00
@PHYSICIANS SERVICES	104	337	\$ 11,952.28	\$ 35.47	.000	\$ 114.93	\$.00
OUTPATIENT VISITS	69	258	9,521.67	36.91	.000	138.00	.00
OFFICE VISITS	37	38	799.15	21.03	.000	21.60	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	41	220	8,722.52	39.65	.000	212.74	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	6	287.55	47.93	.000	95.85	.00
PRINCIPAL SURGEON	2	2	157.72	78.86	.000	78.86	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		129.83	32.46	.000	129.83	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	34	34		147.56	4.34	.000	4.34	.00
RADIOLOGY	35	37		1,760.48	47.58	.000	50.30	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		235.02	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	9	15	\$	408.37	27.22	.000	45.37	\$.00
PRESCRIPTION DRUGS	8	12		260.20	21.68	.000	32.53	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	8	12		260.20	21.68	.000	32.53	.00
MEDICAL SUPPLIES	1	3		148.17	49.39	.000	148.17	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,362
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	205	1,415	\$ 60,597.91	\$ 42.83	.000	\$ 295.60	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	205	1,415	60,597.91	42.83	.000	295.60	.00
MEDICAL	3	3	144.17	48.06	.000	48.06	.00
SURGERY	10	10	360.37	36.04	.000	36.04	.00
PATHOLOGY	88	217	8,962.21	41.30	.000	101.84	.00
RADIOLOGY	51	51	3,721.20	72.96	.000	72.96	.00
ROOM USE	151	198	6,532.83	32.99	.000	43.26	.00
CROSSOVERS/ALL OTH OUTPTNT	177	936	40,877.13	43.67	.000	230.94	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,363
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	205	1,415	\$ 60,597.91	\$ 42.83	.000	\$ 295.60	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	205	1,415	60,597.91	42.83	.000	295.60	.00
MEDICAL	3	3	144.17	48.06	.000	48.06	.00
SURGERY	10	10	360.37	36.04	.000	36.04	.00
PATHOLOGY	88	217	8,962.21	41.30	.000	101.84	.00
RADIOLOGY	51	51	3,721.20	72.96	.000	72.96	.00
ROOM USE	151	198	6,532.83	32.99	.000	43.26	.00
CROSSOVERS/ALL OTH OUTPTNT	177	936	40,877.13	43.67	.000	230.94	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	74	167	\$	4,218.93	\$	25.26	.000	\$	57.01
PATHOLOGY	74	167		4,218.93		25.26	.000		57.01
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	100	144	\$	19,216.50	\$	133.45	.000	\$	192.17
CLINIC	2	3		469.62		156.54	.000		234.81
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	99	141		18,746.88		132.96	.000		189.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,364
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	17	\$	1,785.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,785.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,365
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	21	156	\$ 3,836.59	\$ 24.59	3.250	\$ 182.69	\$ 79.93	
@PHYSICIANS SERVICES	1	1	\$ 17.30	\$ 17.30	.021	\$ 17.30	\$.36	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		17.30		17.30	.021	17.30	.36
@PHARMACY	15	71	\$	2,647.30	\$	37.29	1.479	\$ 176.49	\$ 55.15
PRESCRIPTION DRUGS	14	69		2,597.12		37.64	1.438	185.51	54.11
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	14	69		2,597.12		37.64	1.438	185.51	54.11
MEDICAL SUPPLIES	1	2		50.18		25.09	.042	50.18	1.05
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,366
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,367
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	84	\$ 1,171.99	\$ 13.95	1.750	\$ 106.54	\$ 24.42
CLINIC	10	81	1,004.18	12.40	1.688	100.42	20.92
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	167.81	55.94	.063	83.91	3.50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,368
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 17.30	\$ 17.30	.021	\$ 17.30	\$.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,369
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

234 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	267	1,655	\$ 93,528.20	\$ 56.51	7.073	\$ 350.29	\$ 399.69
@PHYSICIANS SERVICES	56	160	\$ 8,771.49	\$ 54.82	.684	\$ 156.63	\$ 37.49
OUTPATIENT VISITS	17	80	2,422.18	30.28	.342	142.48	10.35
OFFICE VISITS	6	7	275.47	39.35	.030	45.91	1.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	205.05	68.35	.013	102.53	.88
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	13	70	1,941.66	27.74	.299	149.36	8.30
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	23	1,140.89	49.60	.098	142.61	4.88

HOSPITAL VISITS	8	23		1,140.89	49.60	.098	142.61	4.88
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	10		2,952.93	295.29	.043	421.85	12.62
PRINCIPAL SURGEON	6	6		2,776.87	462.81	.026	462.81	11.87
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		176.06	44.02	.017	176.06	.75
OUTPATIENT SURGERY	2	4		345.77	86.44	.017	172.89	1.48
PRINCIPAL SURGEON	1	1		253.16	253.16	.004	253.16	1.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		92.61	30.87	.013	92.61	.40
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	8		82.78	10.35	.034	16.56	.35
RADIOLOGY	29	32		1,617.36	50.54	.137	55.77	6.91
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		209.58	69.86	.013	69.86	.90
@PHARMACY	58	92	\$	4,386.76	47.68	.393	75.63	18.75
PRESCRIPTION DRUGS	58	92		4,386.76	47.68	.393	75.63	18.75
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	58	92		4,386.76	47.68	.393	75.63	18.75
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,370
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

234 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.004	\$ 16.72	\$.07
VISITS	1	1	16.72	16.72	.004	16.72	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	8	14	\$	734.93	\$	52.50	.060	\$ 91.87	\$ 3.14
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	936	\$	55,198.00	\$	58.97	4.000	\$ 581.03	\$ 235.89
HOSP INPATIENT TOTAL	9	35		29,676.32		847.89	.150	3297.37	126.82
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	35		29,676.32		847.89	.150	3297.37	126.82
ACCOMMODATIONS	9	35		14,829.72		423.71	.150	1647.75	63.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	9	35		14,829.72		423.71	.150	1647.75	63.37
ANCILLARIES	9	0		14,846.60		.00	.000	1649.62	63.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	94	901		25,521.68		28.33	3.850	271.51	109.07
MEDICAL	17	21		827.29		39.39	.090	48.66	3.54
SURGERY	8	11		300.19		27.29	.047	37.52	1.28
PATHOLOGY	54	184		3,410.20		18.53	.786	63.15	14.57
RADIOLOGY	22	23		1,725.22		75.01	.098	78.42	7.37
ROOM USE	74	131		4,585.96		35.01	.560	61.97	19.60
CROSSOVERS/ALL OTH OUTPTNT	75	531		14,672.82		27.63	2.269	195.64	62.70
@COUNTY HOSPITAL TOTAL	1	17	\$	499.19	\$	29.36	.073	\$ 499.19	\$ 2.13
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	17		499.19		29.36	.073	499.19	2.13
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	1	2		61.20		30.60	.009	61.20	.26
PATHOLOGY	1	6		129.02		21.50	.026	129.02	.55
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	4		263.13		65.78	.017	263.13	1.12
CROSSOVERS/ALL OTH OUTPTNT	1	5		45.84		9.17	.021	45.84	.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,371
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

234 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	919	\$ 54,698.81	\$ 59.52	3.927	\$ 581.90	\$ 233.76
COMM HOSP INPATIENT TOTAL	9	35	29,676.32	847.89	.150	3297.37	126.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	35	29,676.32	847.89	.150	3297.37	126.82
ACCOMMODATIONS	9	35	14,829.72	423.71	.150	1647.75	63.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	9	35	14,829.72	423.71	.150	1647.75	63.37
ANCILLARIES	9	0	14,846.60	.00	.000	1649.62	63.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	884	25,022.49	28.31	3.778	269.06	106.93
MEDICAL	17	21	827.29	39.39	.090	48.66	3.54
SURGERY	7	9	238.99	26.55	.038	34.14	1.02
PATHOLOGY	53	178	3,281.18	18.43	.761	61.91	14.02
RADIOLOGY	22	23	1,725.22	75.01	.098	78.42	7.37
ROOM USE	73	127	4,322.83	34.04	.543	59.22	18.47
CROSSOVERS/ALL OTH OUTPTNT	74	526	14,626.98	27.81	2.248	197.66	62.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	83	\$ 1,618.44	\$ 19.50	.355	\$ 57.80	\$ 6.92
PATHOLOGY	28	83	1,618.44	19.50	.355	57.80	6.92
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	100	365	\$ 22,381.86	\$ 61.32	1.560	\$ 223.82	\$ 95.65
CLINIC	80	332	17,220.32	51.87	1.419	215.25	73.59
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	20	33	5,161.54	156.41	.141	258.08	22.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,372
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	234 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	4	\$	420.00	\$ 105.00	.017	\$ 105.00	\$ 1.79
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4		420.00	105.00	.017	105.00	1.79

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,373
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38

3,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,852	7,262	\$ 372,045.16	\$ 51.23	2.234	\$ 200.89	\$ 114.48
@PHYSICIANS SERVICES	392	1,213	\$ 36,619.66	\$ 30.19	.373	\$ 93.42	\$ 11.27
OUTPATIENT VISITS	260	354	15,052.16	42.52	.109	57.89	4.63
OFFICE VISITS	100	110	3,842.70	34.93	.034	38.43	1.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	151	170	8,936.30	52.57	.052	59.18	2.75
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	10	66	2,042.43	30.95	.020	204.24	.63
OTHER OUTPATIENT	7	7	193.34	27.62	.002	27.62	.06
INPATIENT VISITS	14	38	2,497.62	65.73	.012	178.40	.77
HOSPITAL VISITS	12	31	1,497.06	48.29	.010	124.76	.46
CRITICAL CARE	3	5	908.96	181.79	.002	302.99	.28
SNF/ICF/TRANS IP CARE	1	2	91.60	45.80	.001	91.60	.03
OPHTHALMOLOGICAL SERVICES	1	2	61.61	30.81	.001	61.61	.02
EXAMINATIONS	1	2	61.61	30.81	.001	61.61	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	76	3,212.33	42.27	.023	458.90	.99
PRINCIPAL SURGEON	5	5	2,735.57	547.11	.002	547.11	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	71	476.76	6.71	.022	238.38	.15
OUTPATIENT SURGERY	47	498	8,829.13	17.73	.153	187.85	2.72
PRINCIPAL SURGEON	38	47	6,908.47	146.99	.014	181.80	2.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	451	1,920.66	4.26	.139	137.19	.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	31	150.64	4.86	.010	10.76	.05
RADIOLOGY	99	145	4,467.73	30.81	.045	45.13	1.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

3,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	64	\$ 1,580.62	\$ 24.70	.020	\$ 60.79	\$.49
DIAGNOSTIC AND ANC. PROCED	20	20	940.99	47.05	.006	47.05	.29
EYE APPLIANCES	15	42	614.74	14.64	.013	40.98	.19
OTHER OPTOMETRIC SERVICES	2	2	24.89	12.45	.001	12.45	.01

@CHIROPRACTOR	31	35	\$	585.20	\$	16.72	.011	\$	18.88	\$	.18
VISITS	31	35		585.20		16.72	.011		18.88		.18
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$	52.50	.001	\$	104.99	\$	.06
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	6	7	\$	150.62	\$	21.52	.002	\$	25.10	\$	.05
@TOTAL HOSPITAL	315	1,200	\$	73,832.88	\$	61.53	.369	\$	234.39	\$	22.72
HOSP INPATIENT TOTAL	14	33		42,806.77		1297.17	.010		3057.63		13.17
HSC HOSPITALS	1	1		1,240.00		1240.00	.000		1240.00		.38
NON-HSC HOSPITAL TOTAL	13	32		41,566.77		1298.96	.010		3197.44		12.79
ACCOMMODATIONS	13	32		13,829.76		432.18	.010		1063.83		4.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	32		13,829.76		432.18	.010		1063.83		4.26
ANCILLARIES	13	0		27,737.01		.00	.000		2133.62		8.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	308	1,167		31,026.11		26.59	.359		100.73		9.55
MEDICAL	102	128		4,075.57		31.84	.039		39.96		1.25
SURGERY	28	36		1,721.85		47.83	.011		61.49		.53
PATHOLOGY	92	315		3,751.88		11.91	.097		40.78		1.15
RADIOLOGY	61	80		4,578.56		57.23	.025		75.06		1.41
ROOM USE	254	313		11,713.09		37.42	.096		46.11		3.60
CROSSOVERS/ALL OTH OUTPTNT	104	295		5,185.16		17.58	.091		49.86		1.60
@COUNTY HOSPITAL TOTAL	4	13	\$	294.79	\$	22.68	.004	\$	73.70	\$	.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	13		294.79		22.68	.004		73.70		.09
MEDICAL	1	1		72.31		72.31	.000		72.31		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	10		150.71		15.07	.003		75.36		.05
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		71.77		35.89	.001		35.89		.02
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,375
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	3,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	312	1,187	\$	73,538.09	\$ 61.95	.365	\$ 235.70	\$ 22.63

COMM HOSP INPATIENT TOTAL	14	33		42,806.77	1297.17	.010	3057.63	13.17
HSC HOSPITALS	1	1		1,240.00	1240.00	.000	1240.00	.38
NON-HSC HOSPITALS TOTAL	13	32		41,566.77	1298.96	.010	3197.44	12.79
ACCOMMODATIONS	13	32		13,829.76	432.18	.010	1063.83	4.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	32		13,829.76	432.18	.010	1063.83	4.26
ANCILLARIES	13	0		27,737.01	.00	.000	2133.62	8.53
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	305	1,154		30,731.32	26.63	.355	100.76	9.46
MEDICAL	102	127		4,003.26	31.52	.039	39.25	1.23
SURGERY	28	36		1,721.85	47.83	.011	61.49	.53
PATHOLOGY	90	305		3,601.17	11.81	.094	40.01	1.11
RADIOLOGY	61	80		4,578.56	57.23	.025	75.06	1.41
ROOM USE	253	311		11,641.32	37.43	.096	46.01	3.58
CROSSOVERS/ALL OTH OUTPTNT	104	295		5,185.16	17.58	.091	49.86	1.60
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	61	\$	37,447.29	613.89	.019	12482.43	11.52
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	3	61		37,447.29	613.89	.019	12482.43	11.52
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	104	309	\$	4,748.53	15.37	.095	45.66	1.46
PATHOLOGY	104	309		4,748.53	15.37	.095	45.66	1.46
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	584	812	\$	83,786.80	103.19	.250	143.47	25.78
CLINIC	30	99		2,378.64	24.03	.030	79.29	.73
SURGICENTER	6	18		584.97	32.50	.006	97.50	.18
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	551	695		80,823.19	116.29	.214	146.68	24.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,376
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

----- MONTHLY AVERAGE -----								
3,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	134	562	\$ 6,954.38	\$ 12.37	.173	\$ 51.90	\$ 2.14	
DURABLE MED. EQUIP.	7	12	673.10	56.09	.004	96.16	.21	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	15	172	1,838.97	10.69	.053	122.60	.57	

AMBULANCES/AIR TRANS	15	172	1,838.97	10.69	.053	122.60	.57
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	52	533.23	10.25	.016	26.66	.16
PHYSICAL THERAPIST	4	47	671.69	14.29	.014	167.92	.21
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	355.73	88.93	.001	118.58	.11
PROSTHETICS	3	4	355.73	88.93	.001	118.58	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	81	271	2,558.03	9.44	.083	31.58	.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.63	8.63	.000	8.63	.00
@CALIF. CHILDREN SERVICES*	5	115	\$ 2,064.97	\$ 17.96	.035	\$ 412.99	\$.64
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,377
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	225	1,416	\$ 126,527.98	\$ 89.36	2.914	\$ 562.35	\$ 260.35
@PHYSICIANS SERVICES	73	279	\$ 10,718.71	\$ 38.42	.574	\$ 146.83	\$ 22.05
OUTPATIENT VISITS	37	49	2,240.34	45.72	.101	60.55	4.61
OFFICE VISITS	21	25	689.13	27.57	.051	32.82	1.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	22	1,507.48	68.52	.045	100.50	3.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	43.73	21.87	.004	21.87	.09
INPATIENT VISITS	6	43	2,161.02	50.26	.088	360.17	4.45
HOSPITAL VISITS	6	42	2,039.42	48.56	.086	339.90	4.20
CRITICAL CARE	1	1	121.60	121.60	.002	121.60	.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.10
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	8	1,974.15	246.77	.016	282.02	4.06
PRINCIPAL SURGEON	7	8	1,974.15	246.77	.016	282.02	4.06

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	32.07	6.41	.010	8.02	.07
RADIOLOGY	24	39	1,744.03	44.72	.080	72.67	3.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	4	1,205.00	301.25	.008	401.67	2.48
OTHER SERVICES/ALL X-OVERS	19	130	1,315.66	10.12	.267	69.25	2.71
@PHARMACY	137	411	\$ 52,923.92	\$ 128.77	.846	\$ 386.31	\$ 108.90
PRESCRIPTION DRUGS	135	403	52,621.70	130.57	.829	389.79	108.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	135	403	52,621.70	130.57	.829	389.79	108.28
MEDICAL SUPPLIES	5	8	302.22	37.78	.016	60.44	.62
@DENTIST	11	66	\$ 2,466.00	\$ 37.36	.136	\$ 224.18	\$ 5.07
VISITS - DIAGNOSTIC	7	35	437.00	12.49	.072	62.43	.90
ORAL SURGERY	3	7	414.00	59.14	.014	138.00	.85
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.24
ENDODONTICS	2	2	545.00	272.50	.004	272.50	1.12
RESTORATIVE DENTISTRY	3	7	503.00	71.86	.014	167.67	1.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	14	449.00	32.07	.029	449.00	.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 14,378
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

486 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	21	\$	447.86	\$ 21.33	.043	\$ 63.98	\$.92
DIAGNOSTIC AND ANC. PROCED	4	5		211.94	42.39	.010	52.99	.44
EYE APPLIANCES	5	15		224.51	14.97	.031	44.90	.46
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.002	11.41	.02
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	41	264	\$	47,563.57	\$ 180.17	.543	\$ 1160.09	\$ 97.87
HOSP INPATIENT TOTAL	5	31		41,405.70	1335.67	.064	8281.14	85.20
HSC HOSPITALS	1	5		9,500.00	1900.00	.010	9500.00	19.55
NON-HSC HOSPITAL TOTAL	4	26		31,905.70	1227.14	.053	7976.43	65.65
ACCOMMODATIONS	4	26		9,171.31	352.74	.053	2292.83	18.87

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	26	9,171.31	352.74	.053	2292.83	18.87
ANCILLARIES	4	0	22,734.39	.00	.000	5683.60	46.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	233	6,157.87	26.43	.479	166.43	12.67
MEDICAL	13	26	900.33	34.63	.053	69.26	1.85
SURGERY	5	6	234.54	39.09	.012	46.91	.48
PATHOLOGY	18	89	930.80	10.46	.183	51.71	1.92
RADIOLOGY	12	18	1,422.13	79.01	.037	118.51	2.93
ROOM USE	24	34	1,193.70	35.11	.070	49.74	2.46
CROSSOVERS/ALL OTH OUTPTNT	16	60	1,476.37	24.61	.123	92.27	3.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,379

486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	264	\$ 47,563.57	\$ 180.17	.543	\$ 1160.09	\$ 97.87
COMM HOSP INPATIENT TOTAL	5	31	41,405.70	1335.67	.064	8281.14	85.20
HSC HOSPITALS	1	5	9,500.00	1900.00	.010	9500.00	19.55
NON-HSC HOSPITALS TOTAL	4	26	31,905.70	1227.14	.053	7976.43	65.65
ACCOMMODATIONS	4	26	9,171.31	352.74	.053	2292.83	18.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	26	9,171.31	352.74	.053	2292.83	18.87
ANCILLARIES	4	0	22,734.39	.00	.000	5683.60	46.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	233	6,157.87	26.43	.479	166.43	12.67
MEDICAL	13	26	900.33	34.63	.053	69.26	1.85
SURGERY	5	6	234.54	39.09	.012	46.91	.48
PATHOLOGY	18	89	930.80	10.46	.183	51.71	1.92
RADIOLOGY	12	18	1,422.13	79.01	.037	118.51	2.93
ROOM USE	24	34	1,193.70	35.11	.070	49.74	2.46
CROSSOVERS/ALL OTH OUTPTNT	16	60	1,476.37	24.61	.123	92.27	3.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	104	\$ 1,402.59	\$ 13.49	.214	\$ 56.10	\$ 2.89
PATHOLOGY	23	97	1,357.09	13.99	.200	59.00	2.79
XO AND OTHERS	2	7	45.50	6.50	.014	22.75	.09
@ORGANIZED OUTPATIENT CLINIC	66	94	\$ 9,285.11	\$ 98.78	.193	\$ 140.68	\$ 19.11
CLINIC	11	15	675.59	45.04	.031	61.42	1.39
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	58	79	8,609.52	108.98	.163	148.44	17.72

#CALIF DEPT OF HEALTH SERV MOP024 SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 14,380 03/14/05

486 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	177	\$	1,720.22	\$ 9.72	.364	\$ 86.01	\$ 3.54
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	82		1,239.81	15.12	.169	137.76	2.55
AMBULANCES/AIR TRANS	9	82		1,239.81	15.12	.169	137.76	2.55
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	13		116.70	8.98	.027	23.34	.24
PHYSICAL THERAPIST	4	20		304.33	15.22	.041	76.08	.63
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	62		59.38	.96	.128	29.69	.12
@CALIF. CHILDREN SERVICES*	12	139	\$	16,242.67	\$ 116.85	.286	\$ 1353.56	\$ 33.42
@XOVER EXCLUDING STATE HOSP**	11	155	\$	1,615.46	\$ 10.42	.319	\$ 146.86	\$ 3.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,381
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	220		5,178	\$ 253,267.24	\$ 48.91	21.397	\$ 1151.21	\$ 1046.56
@PHYSICIANS SERVICES	23		67	\$ 498.19	\$ 7.44	.277	\$ 21.66	\$ 2.06
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	67		498.19	7.44	.277	21.66	2.06
@PHARMACY	142	2,865	\$	41,437.03	\$ 14.46	11.839	\$ 291.81	\$ 171.23
PRESCRIPTION DRUGS	138	761		41,014.35	53.90	3.145	297.21	169.48
SNF/ICF	69	550		29,797.10	54.18	2.273	431.84	123.13
OUTPATIENTS	70	211		11,217.25	53.16	.872	160.25	46.35
MEDICAL SUPPLIES	9	2,104		422.68	.20	8.694	46.96	1.75
@DENTIST	3	8	\$	660.00	\$ 82.50	.033	\$ 220.00	\$ 2.73
VISITS - DIAGNOSTIC	2	4		100.00	25.00	.017	50.00	.41
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		560.00	140.00	.017	280.00	2.31
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,382
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	10	\$	206.78	\$ 20.68	.041	\$ 51.70	\$.85
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.004	47.45	.20
EYE APPLIANCES	3	9		159.33	17.70	.037	53.11	.66
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	6.20	\$ 3.10	.008	\$ 3.10	\$.03
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	2		6.20	3.10	.008	3.10	.03
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	13	34	\$	3,691.16	\$	108.56	.140	\$	283.94	\$	15.25
HOSP INPATIENT TOTAL	4	0		3,380.45		.00	.000		845.11		13.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	0		3,380.45		.00	.000		845.11		13.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	34		310.71		9.14	.140		34.52		1.28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	9	34		310.71		9.14	.140		34.52		1.28
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,383
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	34	\$ 3,691.16	\$ 108.56	.140	\$ 283.94	\$ 15.25
COMM HOSP INPATIENT TOTAL	4	0	3,380.45	.00	.000	845.11	13.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0	3,380.45	.00	.000	845.11	13.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	34	310.71	9.14	.140	34.52	1.28
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	34		310.71	9.14	.140	34.52	1.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	79	1,635	\$	199,839.57	\$ 122.23	6.756	\$ 2529.61	\$ 825.78
LEV A-INTERMEDIATE	16	335		29,934.52	89.36	1.384	1870.91	123.70
LEV B-REHAB MD	1	30		3,759.60	125.32	.124	3759.60	15.54
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,270		166,145.45	130.82	5.248	2679.77	686.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	1,040.35	\$ 520.18	.008	\$ 520.18	\$ 4.30
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		1,040.35	520.18	.008	520.18	4.30
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	34	\$	1,000.00	\$ 29.41	.140	\$ 40.00	\$ 4.13
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
SHASTA COUNTY

25 34 1,000.00 29.41 .140 40.00 4.13
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
PAGE 14,384
03/14/05

242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	521	\$ 4,887.96	\$ 9.38	2.153	\$ 139.66	\$ 20.20
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	921.98	460.99	.008	460.99	3.81
MEDICAL TRANSPORTATION	21	490	2,398.06	4.89	2.025	114.19	9.91
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	20	469	2,367.72	5.05	1.938	118.39	9.78
OTHER SERVICES	2	21	30.34	1.44	.087	15.17	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	15	1,413.60	94.24	.062	282.72	5.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	54.44	13.61	.017	27.22	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	10	99.88	9.99	.041	14.27	.41
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* XOVER EXCLUDING STATE HOSP**	52	132	\$ 19,426.28	\$ 147.17	.545	\$ 373.58	\$ 80.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E
PAGE 14,385
03/14/05

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	3,525	\$ 22,425.48	\$ 6.36	117.500	\$ 747.52	\$ 747.52
@PHYSICIANS SERVICES	3	8	\$ 178.10	\$ 22.26	.267	\$ 59.37	\$ 5.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	8		178.10	22.26	.267	59.37	5.94
@PHARMACY	19	3,059	\$	2,300.05	\$.75	101.967	\$ 121.06	\$ 76.67
PRESCRIPTION DRUGS	16	59		2,243.35	38.02	1.967	140.21	74.78
SNF/ICF	7	30		1,131.69	37.72	1.000	161.67	37.72
OUTPATIENTS	9	29		1,111.66	38.33	.967	123.52	37.06
MEDICAL SUPPLIES	3	3,000		56.70	.02	100.000	18.90	1.89
@DENTIST	2	8	\$	116.00	\$ 14.50	.267	\$ 58.00	\$ 3.87
VISITS - DIAGNOSTIC	2	6		66.00	11.00	.200	33.00	2.20
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		50.00	25.00	.067	50.00	1.67
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,386
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

	30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	6	\$	189.58	\$	31.60	.200	\$ 94.79	\$ 6.32
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	6		189.58		31.60	.200	94.79	6.32
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		189.58		31.60	.200	94.79	6.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,387
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	6	\$ 189.58	\$ 31.60	.200	\$ 94.79	\$ 6.32
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	6		189.58	31.60	.200	94.79	6.32
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		189.58	31.60	.200	94.79	6.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	183	\$	19,151.34	\$ 104.65	6.100	\$ 2393.92	\$ 638.38
LEV A-INTERMEDIATE	4	91		8,148.14	89.54	3.033	2037.04	271.60
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	92		11,003.20	119.60	3.067	2750.80	366.77
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	14	\$	375.77	\$ 26.84	.467	\$ 46.97	\$ 12.53
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	14		375.77	26.84	.467	46.97	12.53

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SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	247	\$ 114.64	\$.46	8.233	\$ 57.32	\$ 3.82
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	17.65	17.65	.033	17.65	.59
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	1	17.65	17.65	.033	17.65	.59
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	246		96.99	.39	8.200	96.99	3.23
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	4	14	\$	367.68	\$	26.26	.467	\$ 12.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,389
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

	1,674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,364	16,655	\$	912,999.09	\$ 54.82	9.949	\$ 669.35	\$ 545.40
@PHYSICIANS SERVICES	241	825	\$	37,122.42	\$ 45.00	.493	\$ 154.03	\$ 22.18
OUTPATIENT VISITS	94	111		4,971.99	44.79	.066	52.89	2.97
OFFICE VISITS	62	76		2,580.67	33.96	.045	41.62	1.54

HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	31	32		2,244.72	70.15	.019	72.41	1.34	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	3	3		146.60	48.87	.002	48.87	.09	
INPATIENT VISITS	17	72		4,024.73	55.90	.043	236.75	2.40	
HOSPITAL VISITS	16	58		2,433.65	41.96	.035	152.10	1.45	
CRITICAL CARE	2	13		1,580.80	121.60	.008	790.40	.94	
SNF/ICF/TRANS IP CARE	1	1		10.28	10.28	.001	10.28	.01	
OPHTHALMOLOGICAL SERVICES	3	4		119.07	29.77	.002	39.69	.07	
EXAMINATIONS	3	4		119.07	29.77	.002	39.69	.07	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	6	21		1,367.80	65.13	.013	227.97	.82	
PRINCIPAL SURGEON	4	7		836.51	119.50	.004	209.13	.50	
ASSISTANT SURGEON	2	2		338.79	169.40	.001	169.40	.20	
ANESTHESIOLOGIST	1	12		192.50	16.04	.007	192.50	.11	
OUTPATIENT SURGERY	13	173		3,736.73	21.60	.103	287.44	2.23	
PRINCIPAL SURGEON	11	13		3,158.63	242.97	.008	287.15	1.89	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	160		578.10	3.61	.096	144.53	.35	
DIALYSIS	1	3		200.92	66.97	.002	200.92	.12	
PATHOLOGY	4	5		27.31	5.46	.003	6.83	.02	
RADIOLOGY	63	134		12,194.36	91.00	.080	193.56	7.28	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	6	9		3,265.64	362.85	.005	544.27	1.95	
OTHER SERVICES/ALL X-OVERS	90	293		7,213.87	24.62	.175	80.15	4.31	
@PHARMACY	864	5,462	\$	333,779.00	\$ 61.11	3.263	\$ 386.32	\$ 199.39	
PRESCRIPTION DRUGS	841	3,123		328,752.63	105.27	1.866	390.91	196.39	
SNF/ICF	84	451		29,754.58	65.97	.269	354.22	17.77	
OUTPATIENTS	762	2,672		298,998.05	111.90	1.596	392.39	178.61	
MEDICAL SUPPLIES	58	2,339		5,026.37	2.15	1.397	86.66	3.00	
@DENTIST	62	280	\$	12,302.80	\$ 43.94	.167	\$ 198.43	\$ 7.35	
VISITS - DIAGNOSTIC	39	165		1,982.00	12.01	.099	50.82	1.18	
ORAL SURGERY	5	19		1,067.00	56.16	.011	213.40	.64	
DRUGS	2	5		75.00	15.00	.003	37.50	.04	
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.12	
PERIODONTICS	8	8		733.00	91.63	.005	91.63	.44	
ENDODONTICS	5	5		995.00	199.00	.003	199.00	.59	
RESTORATIVE DENTISTRY	19	52		3,601.00	69.25	.031	189.53	2.15	
PROSTHETICS	2	2		30.00	15.00	.001	15.00	.02	
DENTURES, STAYPLATES	4	19		1,386.00	72.95	.011	346.50	.83	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	3		2,233.80	744.60	.002	2233.80	1.33	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,390
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								

@CHIROPRACTOR	8	12	\$	187.26	\$	15.61	.007	\$	23.41	\$	.11
VISITS	7	11		183.92		16.72	.007		26.27		.11
OTHER SERVICES	1	1		3.34		3.34	.001		3.34		.00
@PODIATRIST	2	2	\$	11.04	\$	5.52	.001	\$	5.52	\$	.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		11.04		5.52	.001		5.52		.01
@HOME HEALTH AGENCY	4	28	\$	1,763.11	\$	62.97	.017	\$	440.78	\$	1.05
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$	24.00	.001	\$	24.00	\$	.01
@TOTAL HOSPITAL	120	625	\$	131,925.88	\$	211.08	.373	\$	1099.38	\$	78.81
HOSP INPATIENT TOTAL	16	37		112,404.94		3037.97	.022		7025.31		67.15
HSC HOSPITALS	1	15		18,750.00		1250.00	.009		18750.00		11.20
NON-HSC HOSPITAL TOTAL	8	22		87,314.38		3968.84	.013		10914.30		52.16
ACCOMMODATIONS	8	22		11,132.42		506.02	.013		1391.55		6.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	22		11,132.42		506.02	.013		1391.55		6.65
ANCILLARIES	8	0		76,181.96		.00	.000		9522.75		45.51
INPATIENT CROSSOVERS	7	0		6,340.56		.00	.000		905.79		3.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	105	588		19,520.94		33.20	.351		185.91		11.66
MEDICAL	33	47		1,569.14		33.39	.028		47.55		.94
SURGERY	5	5		296.43		59.29	.003		59.29		.18
PATHOLOGY	25	152		1,438.38		9.46	.091		57.54		.86
RADIOLOGY	28	58		4,976.19		85.80	.035		177.72		2.97
ROOM USE	51	59		2,433.90		41.25	.035		47.72		1.45
CROSSOVERS/ALL OTH OUTPTNT	65	267		8,806.90		32.98	.159		135.49		5.26
@COUNTY HOSPITAL TOTAL	2	4	\$	145.23	\$	36.31	.002	\$	72.62	\$	.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		145.23		36.31	.002		72.62		.09
MEDICAL	2	2		73.85		36.93	.001		36.93		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		71.38		35.69	.001		35.69		.04
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

						----- MONTHLY AVERAGE -----		
	1,674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		118	621	\$ 131,780.65	\$ 212.21	.371	\$ 1116.79	\$ 78.72

COMM HOSP INPATIENT TOTAL	16	37		112,404.94	3037.97	.022	7025.31	67.15
HSC HOSPITALS	1	15		18,750.00	1250.00	.009	18750.00	11.20
NON-HSC HOSPITALS TOTAL	8	22		87,314.38	3968.84	.013	10914.30	52.16
ACCOMMODATIONS	8	22		11,132.42	506.02	.013	1391.55	6.65
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	22		11,132.42	506.02	.013	1391.55	6.65
ANCILLARIES	8	0		76,181.96	.00	.000	9522.75	45.51
INPATIENT CROSSOVERS	7	0		6,340.56	.00	.000	905.79	3.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	103	584		19,375.71	33.18	.349	188.11	11.57
MEDICAL	31	45		1,495.29	33.23	.027	48.24	.89
SURGERY	5	5		296.43	59.29	.003	59.29	.18
PATHOLOGY	25	152		1,438.38	9.46	.091	57.54	.86
RADIOLOGY	28	58		4,976.19	85.80	.035	177.72	2.97
ROOM USE	49	57		2,362.52	41.45	.034	48.21	1.41
CROSSOVERS/ALL OTH OUTPTNT	65	267		8,806.90	32.98	.159	135.49	5.26
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	46	956	\$	133,848.92	\$ 140.01	.571	\$ 2909.76	\$ 79.96
LEV A-INTERMEDIATE	6	136		12,241.40	90.01	.081	2040.23	7.31
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	34		18,807.10	553.15	.020	6269.03	11.23
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	37	786		102,800.42	130.79	.470	2778.39	61.41
@INTERMEDIATE CARE FACIL.-DD	39	867	\$	168,834.43	\$ 194.73	.518	\$ 4329.09	\$ 100.86
ICF DDH	20	410		71,464.81	174.30	.245	3573.24	42.69
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	19	457		97,369.62	213.06	.273	5124.72	58.17
@HEMODIALYSIS TOTAL	9	10	\$	5,352.11	\$ 535.21	.006	\$ 594.68	\$ 3.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	10		5,352.11	535.21	.006	594.68	3.20
@REHABILITATION FACILITY	6	33	\$	451.42	\$ 13.68	.020	\$ 75.24	\$.27
HOSPITAL BASED	1	5		87.38	17.48	.003	87.38	.05
INDEPENDENT FACILITY	5	28		364.04	13.00	.017	72.81	.22
@LABORATORY FACILITY	53	248	\$	2,835.86	\$ 11.43	.148	\$ 53.51	\$ 1.69
PATHOLOGY	51	242		2,825.59	11.68	.145	55.40	1.69
XO AND OTHERS	2	6		10.27	1.71	.004	5.14	.01
@ORGANIZED OUTPATIENT CLINIC	308	447	\$	34,699.58	\$ 77.63	.267	\$ 112.66	\$ 20.73
CLINIC	3	4		112.79	28.20	.002	37.60	.07
SURGICENTER	8	16		1,169.16	73.07	.010	146.15	.70
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	298	427		33,417.63	78.26	.255	112.14	19.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 14,392
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
1,674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	192	6,779	\$ 48,139.81	\$ 7.10	4.050	\$ 250.73	\$ 28.76	
DURABLE MED. EQUIP.	17	32	2,912.02	91.00	.019	171.30	1.74	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	3	5	125.00	25.00	.003	41.67	.07	
MEDICAL TRANSPORTATION	31	2,179	8,256.46	3.79	1.302	266.34	4.93	

AMBULANCES/AIR TRANS	9	81	1,754.64	21.66	.048	194.96	1.05
OTHER TRANS	23	2,095	4,678.10	2.23	1.251	203.40	2.79
OTHER SERVICES	3	3	1,823.72	607.91	.002	607.91	1.09
ACUPUNCTURE	1	2	43.25	21.63	.001	43.25	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	1,121	27,986.35	24.97	.670	4664.39	16.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	46	429.76	9.34	.027	22.62	.26
PHYSICAL THERAPIST	4	25	314.85	12.59	.015	78.71	.19
PORTABLE X-RAY	1	4	123.10	30.78	.002	123.10	.07
PROSTHETIST/ORTHOTISTS	2	4	379.57	94.89	.002	189.79	.23
PROSTHETICS	2	4	379.57	94.89	.002	189.79	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	389.81	48.73	.005	97.45	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	562	3,726.64	6.63	.336	98.07	2.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	71	2,791	3,453.00	1.24	1.667	48.63	2.06
@CALIF. CHILDREN SERVICES*	22	86	\$ 7,892.75	\$ 91.78	.051	\$ 358.76	\$ 4.71
@XOVER EXCLUDING STATE HOSP**	148	668	\$ 19,628.08	\$ 29.38	.399	\$ 132.62	\$ 11.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,393
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

1,946 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,614	25,358	\$ 1,188,691.81	\$ 46.88	13.031	\$ 736.49	\$ 610.84
@PHYSICIANS SERVICES	267	900	\$ 37,798.71	\$ 42.00	.462	\$ 141.57	\$ 19.42
OUTPATIENT VISITS	94	111	4,971.99	44.79	.057	52.89	2.55
OFFICE VISITS	62	76	2,580.67	33.96	.039	41.62	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	32	2,244.72	70.15	.016	72.41	1.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	146.60	48.87	.002	48.87	.08
INPATIENT VISITS	17	72	4,024.73	55.90	.037	236.75	2.07
HOSPITAL VISITS	16	58	2,433.65	41.96	.030	152.10	1.25
CRITICAL CARE	2	13	1,580.80	121.60	.007	790.40	.81
SNF/ICF/TRANS IP CARE	1	1	10.28	10.28	.001	10.28	.01
OPHTHALMOLOGICAL SERVICES	3	4	119.07	29.77	.002	39.69	.06
EXAMINATIONS	3	4	119.07	29.77	.002	39.69	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	21	1,367.80	65.13	.011	227.97	.70
PRINCIPAL SURGEON	4	7	836.51	119.50	.004	209.13	.43
ASSISTANT SURGEON	2	2	338.79	169.40	.001	169.40	.17
ANESTHESIOLOGIST	1	12	192.50	16.04	.006	192.50	.10
OUTPATIENT SURGERY	13	173	3,736.73	21.60	.089	287.44	1.92
PRINCIPAL SURGEON	11	13	3,158.63	242.97	.007	287.15	1.62

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	160		578.10	3.61	.082	144.53	.30
DIALYSIS	1	3		200.92	66.97	.002	200.92	.10
PATHOLOGY	4	5		27.31	5.46	.003	6.83	.01
RADIOLOGY	63	134		12,194.36	91.00	.069	193.56	6.27
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	9		3,265.64	362.85	.005	544.27	1.68
OTHER SERVICES/ALL X-OVERS	116	368		7,890.16	21.44	.189	68.02	4.05
@PHARMACY	1,025	11,386	\$	377,516.08	\$ 33.16	5.851	\$ 368.31	\$ 194.00
PRESCRIPTION DRUGS	995	3,943		372,010.33	94.35	2.026	373.88	191.17
SNF/ICF	160	1,031		60,683.37	58.86	.530	379.27	31.18
OUTPATIENTS	841	2,912		311,326.96	106.91	1.496	370.19	159.98
MEDICAL SUPPLIES	70	7,443		5,505.75	.74	3.825	78.65	2.83
@DENTIST	67	296	\$	13,078.80	\$ 44.19	.152	\$ 195.21	\$ 6.72
VISITS - DIAGNOSTIC	43	175		2,148.00	12.27	.090	49.95	1.10
ORAL SURGERY	5	19		1,067.00	56.16	.010	213.40	.55
DRUGS	2	5		75.00	15.00	.003	37.50	.04
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.10
PERIODONTICS	8	8		733.00	91.63	.004	91.63	.38
ENDODONTICS	5	5		995.00	199.00	.003	199.00	.51
RESTORATIVE DENTISTRY	19	52		3,601.00	69.25	.027	189.53	1.85
PROSTHETICS	2	2		30.00	15.00	.001	15.00	.02
DENTURES, STAYPLATES	7	25		1,996.00	79.84	.013	285.14	1.03
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3		2,233.80	744.60	.002	2233.80	1.15
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 SHASTA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 14,394
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----- MONTHLY AVERAGE -----

1,946 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	90	\$ 1,928.23	\$ 21.42	.046	\$ 60.26	\$.99
DIAGNOSTIC AND ANC. PROCED	17	18	732.29	40.68	.009	43.08	.38
EYE APPLIANCES	24	68	1,089.48	16.02	.035	45.40	.56
OTHER OPTOMETRIC SERVICES	3	4	106.46	26.62	.002	35.49	.05
@CHIROPRACTOR	8	12	\$ 187.26	\$ 15.61	.006	\$ 23.41	\$.10
VISITS	7	11	183.92	16.72	.006	26.27	.09
OTHER SERVICES	1	1	3.34	3.34	.001	3.34	.00
@PODIATRIST	4	4	\$ 17.24	\$ 4.31	.002	\$ 4.31	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	17.24	4.31	.002	4.31	.01
@HOME HEALTH AGENCY	4	28	\$ 1,763.11	\$ 62.97	.014	\$ 440.78	\$.91
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.001	\$ 24.00	\$.01
@TOTAL HOSPITAL	135	665	\$ 135,806.62	\$ 204.22	.342	\$ 1005.97	\$ 69.79
HOSP INPATIENT TOTAL	20	37	115,785.39	3129.33	.019	5789.27	59.50
HSC HOSPITALS	1	15	18,750.00	1250.00	.008	18750.00	9.64
NON-HSC HOSPITAL TOTAL	8	22	87,314.38	3968.84	.011	10914.30	44.87
ACCOMMODATIONS	8	22	11,132.42	506.02	.011	1391.55	5.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	22	11,132.42	506.02	.011	1391.55	5.72
ANCILLARIES	8	0	76,181.96	.00	.000	9522.75	39.15
INPATIENT CROSSOVERS	11	0	9,721.01	.00	.000	883.73	5.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	116	628	20,021.23	31.88	.323	172.60	10.29
MEDICAL	33	47	1,569.14	33.39	.024	47.55	.81
SURGERY	5	5	296.43	59.29	.003	59.29	.15
PATHOLOGY	25	152	1,438.38	9.46	.078	57.54	.74
RADIOLOGY	28	58	4,976.19	85.80	.030	177.72	2.56
ROOM USE	51	59	2,433.90	41.25	.030	47.72	1.25
CROSSOVERS/ALL OTH OUTPTNT	76	307	9,307.19	30.32	.158	122.46	4.78
@COUNTY HOSPITAL TOTAL	2	4	\$ 145.23	\$ 36.31	.002	\$ 72.62	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	145.23	36.31	.002	72.62	.07
MEDICAL	2	2	73.85	36.93	.001	36.93	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	71.38	35.69	.001	35.69	.04
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

1,946 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	133	661	\$ 135,661.39	\$ 205.24	.340	\$ 1020.01	\$ 69.71
COMM HOSP INPATIENT TOTAL	20	37	115,785.39	3129.33	.019	5789.27	59.50
HSC HOSPITALS	1	15	18,750.00	1250.00	.008	18750.00	9.64
NON-HSC HOSPITALS TOTAL	8	22	87,314.38	3968.84	.011	10914.30	44.87
ACCOMMODATIONS	8	22	11,132.42	506.02	.011	1391.55	5.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	22	11,132.42	506.02	.011	1391.55	5.72
ANCILLARIES	8	0	76,181.96	.00	.000	9522.75	39.15
INPATIENT CROSSOVERS	11	0	9,721.01	.00	.000	883.73	5.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	114	624	19,876.00	31.85	.321	174.35	10.21
MEDICAL	31	45	1,495.29	33.23	.023	48.24	.77
SURGERY	5	5	296.43	59.29	.003	59.29	.15
PATHOLOGY	25	152	1,438.38	9.46	.078	57.54	.74
RADIOLOGY	28	58	4,976.19	85.80	.030	177.72	2.56
ROOM USE	49	57	2,362.52	41.45	.029	48.21	1.21
CROSSOVERS/ALL OTH OUTPTNT	76	307	9,307.19	30.32	.158	122.46	4.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	133	2,774	\$ 352,839.83	\$ 127.20	1.425	\$ 2652.93	\$ 181.32
LEV A-INTERMEDIATE	26	562	50,324.06	89.54	.289	1935.54	25.86
LEV B-REHAB MD	1	30	3,759.60	125.32	.015	3759.60	1.93
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	34	18,807.10	553.15	.017	6269.03	9.66
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	103	2,148	279,949.07	130.33	1.104	2717.95	143.86
@INTERMEDIATE CARE FACIL.-DD	39	867	\$ 168,834.43	\$ 194.73	.446	\$ 4329.09	\$ 86.76
ICF DDH	20	410	71,464.81	174.30	.211	3573.24	36.72
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	19	457	97,369.62	213.06	.235	5124.72	50.04
@HEMODIALYSIS TOTAL	11	12	\$ 6,392.46	\$ 532.71	.006	\$ 581.13	\$ 3.28
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	12	6,392.46	532.71	.006	581.13	3.28
@REHABILITATION FACILITY	6	33	\$ 451.42	\$ 13.68	.017	\$ 75.24	\$.23
HOSPITAL BASED	1	5	87.38	17.48	.003	87.38	.04
INDEPENDENT FACILITY	5	28	364.04	13.00	.014	72.81	.19
@LABORATORY FACILITY	53	248	\$ 2,835.86	\$ 11.43	.127	\$ 53.51	\$ 1.46
PATHOLOGY	51	242	2,825.59	11.68	.124	55.40	1.45
XO AND OTHERS	2	6	10.27	1.71	.003	5.14	.01
@ORGANIZED OUTPATIENT CLINIC	341	495	\$ 36,075.35	\$ 72.88	.254	\$ 105.79	\$ 18.54
CLINIC	3	4	112.79	28.20	.002	37.60	.06
SURGICENTER	8	16	1,169.16	73.07	.008	146.15	.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	331	475	34,793.40	73.25	.244	105.12	17.88

#CALIF DEPT OF HEALTH SERV MOP024 SHASTA COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	229	7,547	\$	53,142.41	\$ 7.04	3.878	\$ 232.06	\$ 27.31
DURABLE MED. EQUIP.	17	32		2,912.02	91.00	.016	171.30	1.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7		1,046.98	149.57	.004	209.40	.54
MEDICAL TRANSPORTATION	53	2,670		10,672.17	4.00	1.372	201.36	5.48
AMBULANCES/AIR TRANS	9	81		1,754.64	21.66	.042	194.96	.90
OTHER TRANS	44	2,565		7,063.47	2.75	1.318	160.53	3.63
OTHER SERVICES	5	24		1,854.06	77.25	.012	370.81	.95
ACUPUNCTURE	1	2		43.25	21.63	.001	43.25	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	1,136		29,399.95	25.88	.584	2672.72	15.11
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	21	50		484.20	9.68	.026	23.06	.25
PHYSICAL THERAPIST	4	25		314.85	12.59	.013	78.71	.16
PORTABLE X-RAY	1	4		123.10	30.78	.002	123.10	.06
PROSTHETIST/ORTHOTISTS	2	4		379.57	94.89	.002	189.79	.20
PROSTHETICS	2	4		379.57	94.89	.002	189.79	.20
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8		389.81	48.73	.004	97.45	.20
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	562		3,726.64	6.63	.289	98.07	1.92
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	79	3,047		3,649.87	1.20	1.566	46.20	1.88
@CALIF. CHILDREN SERVICES*	22	86	\$	7,892.75	\$ 91.78	.044	\$ 358.76	\$ 4.06
@XOVER EXCLUDING STATE HOSP**	204	814	\$	39,422.04	\$ 48.43	.418	\$ 193.25	\$ 20.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,397
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

421,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	284,988	3,865,060	\$ 170,677,153.84	\$ 44.16	9.163	\$ 598.89	\$ 404.65
@PHYSICIANS SERVICES	71,848	271,877	\$ 10,372,719.00	\$ 38.15	.645	\$ 144.37	\$ 24.59
OUTPATIENT VISITS	35,420	52,940	2,204,549.42	41.64	.126	62.24	5.23
OFFICE VISITS	17,062	21,054	710,191.72	33.73	.050	41.62	1.68
HOME VISITS	5	13	466.47	35.88	.000	93.29	.00
EMERGENCY ROOM	18,090	21,726	1,241,939.53	57.16	.052	68.65	2.94
PREVENTIVE CARE	90	92	3,713.28	40.36	.000	41.26	.01
OB VISITS/COMPRI PERI	1,337	9,408	227,345.85	24.17	.022	170.04	.54
OTHER OUTPATIENT	593	647	20,892.57	32.29	.002	35.23	.05
INPATIENT VISITS	4,298	17,338	1,070,127.76	61.72	.041	248.98	2.54
HOSPITAL VISITS	3,780	13,807	625,991.51	45.34	.033	165.61	1.48
CRITICAL CARE	643	3,036	432,931.34	142.60	.007	673.30	1.03
SNF/ICF/TRANS IP CARE	325	495	11,204.91	22.64	.001	34.48	.03
OPHTHALMOLOGICAL SERVICES	962	1,070	46,244.88	43.22	.003	48.07	.11
EXAMINATIONS	959	1,067	46,169.59	43.27	.003	48.14	.11
SERVICES AND MATERIALS	3	3	75.29	25.10	.000	25.10	.00

INPATIENT HOSPITAL SURGERY	2,925	32,500		1,448,345.03		44.56	.077	495.16	3.43
PRINCIPAL SURGEON	2,125	3,006		1,187,652.97		395.09	.007	558.90	2.82
ASSISTANT SURGEON	299	304		52,924.49		174.09	.001	177.00	.13
ANESTHESIOLOGIST	937	29,190		207,767.57		7.12	.069	221.74	.49
OUTPATIENT SURGERY	6,057	54,162		1,237,661.51		22.85	.128	204.34	2.93
PRINCIPAL SURGEON	5,263	6,789		1,061,681.81		156.38	.016	201.73	2.52
ASSISTANT SURGEON	100	100		11,577.82		115.78	.000	115.78	.03
ANESTHESIOLOGIST	1,125	47,273		164,401.88		3.48	.112	146.14	.39
DIALYSIS	152	483		40,385.34		83.61	.001	265.69	.10
PATHOLOGY	2,355	4,549		44,779.26		9.84	.011	19.01	.11
RADIOLOGY	20,803	37,508		2,263,354.08		60.34	.089	108.80	5.37
PSYCHIATRY	9	9		583.97		64.89	.000	64.89	.00
IMMUNIZATION AND INJECTION	1,341	6,432		680,666.73		105.83	.015	507.58	1.61
OTHER SERVICES/ALL X-OVERS	22,471	64,886		1,336,021.02		20.59	.154	59.46	3.17
@PHARMACY	182,279	1,528,206	\$	63,981,647.06	\$	41.87	3.623	\$ 351.01	\$ 151.69
PRESCRIPTION DRUGS	180,394	741,288		62,511,516.12		84.33	1.757	346.53	148.20
SNF/ICF	8,994	70,033		4,444,852.98		63.47	.166	494.20	10.54
OUTPATIENTS	171,713	671,255		58,066,663.14		86.50	1.591	338.16	137.67
MEDICAL SUPPLIES	12,287	786,918		1,470,130.94		1.87	1.866	119.65	3.49
@DENTIST	18,457	94,866	\$	3,265,852.85	\$	34.43	.225	\$ 176.94	\$ 7.74
VISITS - DIAGNOSTIC	13,268	63,257		820,701.23		12.97	.150	61.86	1.95
ORAL SURGERY	2,975	7,801		478,285.64		61.31	.018	160.77	1.13
DRUGS	282	543		7,801.75		14.37	.001	27.67	.02
ANESTHESIA	454	458		42,800.00		93.45	.001	94.27	.10
PERIODONTICS	643	666		68,158.00		102.34	.002	106.00	.16
ENDODONTICS	1,410	2,289		408,170.80		178.32	.005	289.48	.97
RESTORATIVE DENTISTRY	5,449	15,070		923,433.15		61.28	.036	169.47	2.19
PROSTHETICS	80	84		2,878.50		34.27	.000	35.98	.01
DENTURES, STAYPLATES	1,256	3,286		430,459.92		131.00	.008	342.72	1.02
SPACE MAINTAINERS	114	143		16,363.00		114.43	.000	143.54	.04
MAXILLOFACIAL SERVICES	34	44		9,258.02		210.41	.000	272.29	.02
FRACTURES, DISLOCATIONS	9	10		8,387.84		838.78	.000	931.98	.02
ORTHODONTIC SERVICES	486	622		47,205.00		75.89	.001	97.13	.11
ALL OTHER SERVICES	361	593		1,950.00		3.29	.001	5.40	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 14,398
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

421,793 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	8,022		23,065	\$	514,557.33	\$	22.31		.055	\$	64.14	\$	1.22		
DIAGNOSTIC AND ANC. PROCED	4,484		4,737		198,953.34		42.00		.011		44.37		.47		
EYE APPLIANCES	5,871		17,169		291,473.68		16.98		.041		49.65		.69		
OTHER OPTOMETRIC SERVICES	733		1,159		24,130.31		20.82		.003		32.92		.06		
@CHIROPRACTOR	3,989		6,242	\$	103,232.34	\$	16.54		.015	\$	25.88	\$	.24		
VISITS	3,847		6,042		100,534.98		16.64		.014		26.13		.24		
OTHER SERVICES	145		200		2,697.36		13.49		.000		18.60		.01		
@PODIATRIST	576		742	\$	8,613.73	\$	11.61		.002	\$	14.95	\$	.02		
MEDICINE/INJECTIONS	118		136		3,630.16		26.69		.000		30.76		.01		
SURGERY/ANES.	2		3		743.59		247.86		.000		371.80		.00		
RADIO./PATHOLOGY	2		2		41.52		20.76		.000		20.76		.00		
OTHER	457		601		4,198.46		6.99		.001		9.19		.01		
@HOME HEALTH AGENCY	1,829		51,981	\$	1,700,043.78	\$	32.71		.123	\$	929.49	\$	4.03		
NURSE ANESTHESIST	56		781	\$	6,064.58	\$	7.77		.002	\$	108.30	\$	.01		
NURSE MIDWIFE	8		12	\$	2,377.33	\$	198.11		.000	\$	297.17	\$	.01		
PEDIATRIC NURSE PRACTITIONER	0		2CR	\$	24.00CR	\$	12.00		.000	\$	.00	\$	.00		

FAMILY NURSE PRACTITIONER	537	765	\$	17,821.94	\$	23.30	.002	\$	33.19	\$	.04
@TOTAL HOSPITAL	42,655	234,630	\$	36,438,935.84	\$	155.30	.556	\$	854.27	\$	86.39
HOSP INPATIENT TOTAL	4,967	19,336		30,298,526.66		1566.95	.046		6099.97		71.83
HSC HOSPITALS	342	2,500		3,627,583.95		1451.03	.006		10606.97		8.60
NON-HSC HOSPITAL TOTAL	3,532	16,836		25,656,061.18		1523.88	.040		7263.89		60.83
ACCOMMODATIONS	3,521	16,836		7,720,813.16		458.59	.040		2192.79		18.30
ADMINISTRATIVE DAYS	18	183		39,132.51		213.84	.000		2174.03		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3,507	16,653		7,681,680.65		461.28	.039		2190.39		18.21
ANCILLARIES	3,529	0		17,935,248.02		.00	.000		5082.25		42.52
INPATIENT CROSSOVERS	1,118	0		1,014,881.53		.00	.000		907.77		2.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	39,332	215,294		6,140,409.18		28.52	.510		156.12		14.56
MEDICAL	11,833	18,038		656,788.28		36.41	.043		55.50		1.56
SURGERY	4,344	5,170		190,923.18		36.93	.012		43.95		.45
PATHOLOGY	13,304	55,392		672,630.71		12.14	.131		50.56		1.59
RADIOLOGY	9,755	14,065		911,452.64		64.80	.033		93.43		2.16
ROOM USE	28,538	40,532		1,479,635.88		36.51	.096		51.85		3.51
CROSSOVERS/ALL OTH OUTPTNT	20,160	82,097		2,228,978.49		27.15	.195		110.56		5.28
@COUNTY HOSPITAL TOTAL	227	1,093	\$	161,674.54	\$	147.92	.003	\$	712.22	\$	.38
CO HOSPITAL INPATIENT TOTAL	16	205		134,931.45		658.20	.000		8433.22		.32
HSC HOSPITALS	9	36		46,586.02		1294.06	.000		5176.22		.11
NON-HSC HOSPITALS TOTAL	6	169		88,333.37		522.68	.000		14722.23		.21
ACCOMMODATIONS	6	169		40,729.50		241.00	.000		6788.25		.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	169		40,729.50		241.00	.000		6788.25		.10
ANCILLARIES	6	0		47,603.87		.00	.000		7933.98		.11
INPATIENT CROSSOVERS	1	0		12.06		.00	.000		12.06		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	214	888		26,743.09		30.12	.002		124.97		.06
MEDICAL	106	151		7,951.16		52.66	.000		75.01		.02

SURGERY	16	23	1,006.23	43.75	.000	62.89	.00
PATHOLOGY	71	316	3,856.60	12.20	.001	54.32	.01
RADIOLOGY	37	57	3,291.15	57.74	.000	88.95	.01
ROOM USE	124	183	7,535.96	41.18	.000	60.77	.02
CROSSOVERS/ALL OTH OUTPTNT	61	158	3,101.99	19.63	.000	50.85	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

421,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42,452	233,537	\$ 36,277,261.30	\$ 155.34	.554	\$ 854.55	\$ 86.01
COMM HOSP INPATIENT TOTAL	4,952	19,131	30,163,595.21	1576.69	.045	6091.19	71.51
HSC HOSPITALS	333	2,464	3,580,997.93	1453.33	.006	10753.75	8.49
NON-HSC HOSPITALS TOTAL	3,526	16,667	25,567,727.81	1534.03	.040	7251.20	60.62
ACCOMMODATIONS	3,515	16,667	7,680,083.66	460.80	.040	2184.95	18.21
ADMINISTRATIVE DAYS	18	183	39,132.51	213.84	.000	2174.03	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3,501	16,484	7,640,951.15	463.54	.039	2182.51	18.12
ANCILLARIES	3,523	0	17,887,644.15	.00	.000	5077.39	42.41
INPATIENT CROSSOVERS	1,117	0	1,014,869.47	.00	.000	908.57	2.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39,137	214,406	6,113,666.09	28.51	.508	156.21	14.49
MEDICAL	11,734	17,887	648,837.12	36.27	.042	55.30	1.54
SURGERY	4,328	5,147	189,916.95	36.90	.012	43.88	.45
PATHOLOGY	13,234	55,076	668,774.11	12.14	.131	50.53	1.59
RADIOLOGY	9,719	14,008	908,161.49	64.83	.033	93.44	2.15
ROOM USE	28,425	40,349	1,472,099.92	36.48	.096	51.79	3.49
CROSSOVERS/ALL OTH OUTPTNT	20,100	81,939	2,225,876.50	27.17	.194	110.74	5.28
@STATE HOSPITAL	9	350	\$ 181,313.99	\$ 518.04	.001	\$ 20146.00	\$.43
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350	181,313.99	518.04	.001	20146.00	.43
@NURSING FACILITY	7,260	206,300	\$ 23,293,916.09	\$ 112.91	.489	\$ 3208.53	\$ 55.23
LEV A-INTERMEDIATE	540	13,491	1,003,923.79	74.41	.032	1859.12	2.38
LEV B-REHAB MD	60	1,861	225,816.20	121.34	.004	3763.60	.54
LEV B-SUBACUTE FREESTANDING	16	443	180,451.96	407.34	.001	11278.25	.43
LEV B-SUBACUTE HSPTL BASED	47	1,260	694,461.57	551.16	.003	14775.78	1.65
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,625	189,245	21,189,262.57	111.97	.449	3198.38	50.24
@INTERMEDIATE CARE FACIL.-DD	1,695	51,006	\$ 8,842,067.78	\$ 173.35	.121	\$ 5216.56	\$ 20.96
ICF DDH	1,079	32,186	5,106,036.71	158.64	.076	4732.19	12.11
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	618	18,820	3,736,031.07	198.51	.045	6045.36	8.86
@HEMODIALYSIS TOTAL	570	11,660	\$ 710,772.24	\$ 60.96	.028	\$ 1246.97	\$ 1.69
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	570	11,660	710,772.24	60.96	.028	1246.97	1.69
@REHABILITATION FACILITY	393	5,250	\$ 64,764.74	\$ 12.34	.012	\$ 164.80	\$.15
HOSPITAL BASED	43	260	5,856.86	22.53	.001	136.21	.01
INDEPENDENT FACILITY	350	4,990	58,907.88	11.81	.012	168.31	.14
@LABORATORY FACILITY	21,408	82,457	\$ 1,068,432.57	\$ 12.96	.195	\$ 49.91	\$ 2.53
PATHOLOGY	20,715	81,106	1,036,158.42	12.78	.192	50.02	2.46
XO AND OTHERS	693	1,351	32,274.15	23.89	.003	46.57	.08
@ORGANIZED OUTPATIENT CLINIC	94,011	147,497	\$ 13,307,194.83	\$ 90.22	.350	\$ 141.55	\$ 31.55
CLINIC	4,013	11,989	371,590.77	30.99	.028	92.60	.88
SURGICENTER	1,127	3,614	225,537.67	62.41	.009	200.12	.53
HEROIN DETOX CLINIC	11	118	1,451.21	12.30	.000	131.93	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 SHASTA COUNTY

89,813 131,776 12,708,615.18 96.44 .312 141.50 30.13
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,400
 FEE-FOR-SERVICE/DENTAL 03/14/05
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

						----- MONTHLY AVERAGE -----		
421,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	38,460	1,147,375	\$ 6,796,849.82	\$ 5.92	2.720	\$ 176.73	\$ 16.11	
DURABLE MED. EQUIP.	3,495	13,162	1,345,637.95	102.24	.031	385.02	3.19	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	909	1,744	197,188.74	113.07	.004	216.93	.47	
MEDICAL TRANSPORTATION	6,018	169,813	1,357,421.62	7.99	.403	225.56	3.22	
AMBULANCES/AIR TRANS	3,525	41,940	658,439.98	15.70	.099	186.79	1.56	
OTHER TRANS	2,433	126,314	434,504.87	3.44	.299	178.59	1.03	
OTHER SERVICES	537	1,559	264,476.77	169.65	.004	492.51	.63	
ACUPUNCTURE	77	162	2,920.77	18.03	.000	37.93	.01	
ADULT DAY HEALTH CARE CTR	781	9,369	652,071.61	69.60	.022	834.92	1.55	
GENETIC DISEASE TESTING	572	573	60,045.00	104.79	.001	104.97	.14	
IHMC,MODEL-NF,NF,AIDS,MSSP	2,154	34,015	1,244,102.55	36.58	.081	577.58	2.95	
OCCUPATIONAL THERAPIST	5	55	669.86	12.18	.000	133.97	.00	
OPTICIAN	6,597	15,579	167,705.06	10.76	.037	25.42	.40	
PHYSICAL THERAPIST	975	10,085	141,762.99	14.06	.024	145.40	.34	
PORTABLE X-RAY	74	169	2,653.36	15.70	.000	35.86	.01	
PROSTHETIST/ORTHOTISTS	1,032	1,805	181,793.10	100.72	.004	176.16	.43	
PROSTHETICS	1,027	1,800	181,520.48	100.84	.004	176.75	.43	
ORTHOTICS	5	5	272.62	54.52	.000	54.52	.00	
PSYCHOLOGIST	37	112	7,291.22	65.10	.000	197.06	.02	
SPEECH AND AUDIOLOGY	712	2,390	124,715.97	52.18	.006	175.16	.30	
HOSPICE SERVICES	71	1,956	254,879.90	130.31	.005	3589.86	.60	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	7,027	55,220	409,734.61	7.42	.131	58.31	.97	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	11,522	831,166	646,255.51	.78	1.971	56.09	1.53	
@CALIF. CHILDREN SERVICES*	1,961	46,470	\$ 5,286,706.36	\$ 113.77	.110	\$ 2695.92	\$ 12.53	
@XOVER EXCLUDING STATE HOSP**	25,871	223,406	\$ 3,947,988.92	\$ 17.67	.530	\$ 152.60	\$ 9.36	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.